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ABSTRACT

This Delegate Workbook was intended as a resource for delegates to the White House Conference on Families (WHCF) in the hope that they would use it for the task of developing an "action agenda" to strengthen and support families. The workbook performs three basic functions for the delegates: (1) focuses attention on the themes of the WHCF: (2) provides brief background information on the issues discussed in the conference workgroups: and (3) summarizes recommendations for which there was consensus across several states. Five issue briefs provide background information in the areas of education, health, housing, child care, and handicapping conditions. The briefs are organized into four sections: Introduction: Background Information on Major Issues: Current Programs and Policies: and Recommendations from the States. Recommendations were classified by topic and issue. Similar recommendations were grouped together and a sample recommendation was selected for purposes of illustration. Recommendations listed were taken from state reports received by May 5, 1980 and are provided as starting points for discussion among delegates. (Author/RH)

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White House
Conference on FAMILIES

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FAMILIES
and
HUMAN NEEDS

Delegate Workbook

PS 011990

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CONFERENCE TOPICS AND WORKGROUPS

A. Families and Economic Well-Being

1. Economic Pressures (inflation, unemployment, poverty, economic discrimination)
2. Family and Work (work in home, increased participation in paid workforce, personnel policies, flexible schedules, leave policies, discrimination, employer support for child care, other workplace issues)
3. Tax Policies (the "marriage tax," deductions for children, tax credits, tax reform, other tax issues)
4. Income Security for Families (welfare, social security, pensions, other forms of financial assistance)
5. Status of Homemakers (recognition, tax policies, social security, employment, other issues

B. Families: Challenges and Responsibilities

6. Preparation for Marriage and Familiy Life (family life education, preparation for marriage, parenting)
7. Specific Supports for Families (two-parent families, single-parent families, extended families, military families, migrant families, other specific families, definitions)
8. Parents and Children (families with children, foster care, adoption, youth, adolescent parents, parent-child relations)
9. Family Violence (child abuse, spouse abuse, abuse of the aged)
10. Substance Abuse (alcoholism, drug abuse)
11. Aging and Families (older families, long term care, services, independence other needs and strengths)

C. Families and Human Needs

12. Education (quality, home-school relations, parental involvement, other education issues)
13. Health (cost, quality, availability, prevention, family planning, maternal and infant health, health education, abortion, mental health, other health issues)
14. Housing (cost, availability, discrimination, displacement, other housing issues)
15. Child Care (availability; affordability; quality; choices: family, community, private, publicly supported)
16. Handicapping Conditions (families with handicapped members, independence, services, other issues)

D. Families and Major Institutions

17. Government (sensitivity to families; sensitivity to racial, ethnic and cultural differences; family impact proposals; citizen participation)
18. Media (TV, movies, advertising, accountability, other media issues)
19. Community Institutions (religious organizations, community and neighborhood groups, social services, self-help groups)
20. Law and the Judicial System (family law; marriage, divorce and separation; custody; other legal issues)

FAMILIES AND HUMAN NEEDS

DELEGATE WORKBOOK

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White House Conference on FAMILIES

INTRODUCTION

This Delegate Workbook is a resource for the delegates to the White House Conference on Families. It is intended to perform three basic functions:

1) focus attention on the themes of the White House Conference on Families.

2) provide brief background information on the issues to be discussed in the Conference Workgroups.

3) summarize recommendations which were part of the state issue reports from a significant number of states.

We hope these four workbooks will help delegates focus on the challenging task of developing an "action agenda" to strengthen and support families.

These workbooks and the issues which they cover are drawn directly from the state activities and hearings of the WHCF. Unlike previous efforts of this kind, the National Advisory Committee did not pre-select the issues for the Conference, but waited until the majority of states had identified their priority topics and issues. The NAC directed that these workbooks draw their recommendation from those developed at state conferences. This meant that the books were produced under enormous time pressures and include recommendations from state reports available to us by May 5.

These workbooks are designed to be used with the Hearing Summary and the summary of State Reports which will also be made available to you. These workbooks are brief. They are not intended to be a comprehensive treatment of issues or an exhaustive listing of state recommendations. We are hopeful that these workbooks will help delegates respond to the overwhelming concerns for families voiced throughout WHCF activities.

Conference Themes

At its first meeting last July, the National Advisory Committee adopted six themes to guide the White House Conference on Families.

FEB 23 1981

These are crucial starting points for the discussion of issues.

- Family Strengths and Supports

  Families are the oldest, most fundamental human institution. Families serve as a source of strength and support for their members and our society.

- Diversity of Families

  American families are pluralistic in nature. Our discussion of issues will reflect an understanding and respect of cultural, ethnic and regional differences as well as differences in structure and lifestyles.

- The Changing Realities of Family Life

  American society is dynamic, constantly changing. The roles and structure of families and individual family members are growing, adapting and evolving in new and different ways.

- The Impact of Public and Private Institutional Policies on Families

  The policies of government and major private institutions have profound effects on families. Increase a sensitivity to the needs of families is required, as well as on-going action and research on the specific nature of the impact of public and private institutional policies.

- The Impact of Discrimination

  Many families are exposed to discrimination. This affects individual family members as well as the family unit as a whole.

- Families with Special Needs

  Certain families have special needs and these needs often produce unique strengths. The needs of families with handicapped members, single-parent families, elderly families and many other families with special needs will be addressed during the Conference.

It is very important that these themes be part of your consideration of recommendations. They raise important questions which touch every issue area. They cannot be ignored or isolated in just one or two specific workgroups. For example, these questions might be raised in the workgroup on housing:

Family Strengths and Supports:	How can housing efforts in both the private and public sectors build upon and enhance family strengths?

Diversity:	How does the cultral and racial diversity of American families influence housing policies and programs?
Changing Realities:	What effect does the rise in divorce and single-parent families have on housing needs and programs?
Public and Private Policies:	How do public policies such as high interest rates affect housing? How successful are current housing programs in meeting family housing needs?
Discrimination:	How can we combat housing discrimination against Blacks, Hispanic, Asian and Native American families. Families headed by women? Families with children?
Special Needs:	What are the special housing needs of families with handicapped members, elderly families, low income families?

Similar questions should be asked in each workgroup. These themes cut across the boundaries of all the workgroup issues and topics. They are the philisophical pillars of the Conference.

Issue Briefs

Drawing on the concerns expressed in national hearings and state activities, the WHCF has prepared 20 Issue Briefs as background information for delegates. The 20 topics come from the most frequently mentioned concerns in the hearings and state reports. This workbook contains 5 issue briefs under the topic of Families and Human Needs. They are:

1. Education
2. Health
3. Housing
4. Child Care
5. Handicapping Conditions

These briefs are an attempt to provide some basic data on the topic and limited information on public and private efforts in dealing with that topic. The Issue Briefs are organized into four sections:

I. Introduction
II. Background Information on Major Issues (demographic and other data)
III. Current Programs and Policies (where appropriate)
IV. Recommendations from the States.

These issue briefs attempt to provide some basic information without an overwhelming volume of material. The issues briefs are in no way intended to serve as a substitute for the expertise and insights of delegates. Rather, we hope to provide some basic facts and background information for your discussions and decisions.

In preparing these materials we received invaluable assistance from the papers delivered at the WHCF National Research Forum as well as papers prepared for the WHCF by key Federal agencies, organizations and individuals.

Recommendations

At the close of each issue brief is a summary of recommendations which received support from a significant number of states. States were to submit 10 priority topics and three recommendations for each topic. Despite WHCF guidelines, the format of the state reports varied widely and this complicated the difficult task of organizing and summarizing the recommendations. The recommendations included in this summary are from final state reports received by May 5. Some states have still to submit final reports.

The state activities for the WHCF involved well over 100,000 Americans in a unique process of listening and involvement. Fifty-five of 57 states, territories, other jurisdictions carried out WHCF activities. This performance was particularly gratifying in light of the fact that no Federal funds were available for WHCF state activities, and that guidelines for state activities were adopted less than six months before the close of state activities. These remarkable efforts are the result of hard work and extraordinary commitment by state coordinators and their committees, as well as strong support from many Governors.

In complying with WHCF guidelines, states adopted a variety of plans to involve families in the selection of both delegates and issues. Many states went beyond minimum requirements and developed elaborate listening processes and innovative delegate selection methods:

o Thirteen states held both regional hearings or forums and a statewide conference.

Delaware
District of Columbia
Georgia
Illinois
Iowa
Minnesota
Missouri
North Dakota
Ohio
Oregon
South Dakota
Virginia
Utah

(South Dakota, Utah and Ohio held meetings at the county level. D.C. held hearings in each ward.)

- Seventeen states held a series of regional conferences or hearings:

  Arizona
  California
  Louisiana
  Maine
  Maryland
  Massachusetts
  Missouri
  Nevada
  New Hampshire
  New Jersey
  New York
  Pennsylvania
  Puerto Rico
  Rhode Island
  South Carolina
  Texas
  Washington

- Sixteen states held statewide conferences:

  Alaska
  Arkansas
  Colorado
  Connecticut
  Hawaii
  Kansas
  Kentucky
  Michigan
  Nebraska
  New Mexico
  Oklahoma
  Tennessee
  West Virginia
  Wisconsin
  Wyoming
  Vermont

- Four states combined previous efforts with a random selection process or developed a unique peer election process:

  Florida
  Idahoa
  Montana
  North Carolina

- The five territories participated:

  Guam
  American Samoa
  Pacific Trust Territories
  Northern Marianas
  Virgin Islands

- Two states are not participating:

  Indiana
  Alabama

In compiling this summary, state recommendations were divided by topic and issue. Similar recommendations were grouped together and a sample recommendation was selected for purposes of illustration. Recommendations from only one or two states were not included in this summary for reasons of length. However, every state recommendation is included in the resource volumes Summary of State Reports. These recommendations should serve as starting points for discussions in workgroups and topic groups.

In evaluating these recommendations, I would urge you to look for areas of potential agreement and consensus. Progress for families is most likely on issues where support crosses racial, economic, geographical and ideological lines. Likewise, I would urge you to avoid using the WHCF as a forum for resolving intense and polarizing issues which already have a momentum, passion and forum of their own. There are many issues affecting families which lack the visibility, strength and focus which the Conference could provide. It would be a shame if such issues were overlooked in a battle over more controversial and politicized proposals.

Working together, I'm convinced we can come up with concrete, specific and achievable recommendations to strengthen and support families. This Workbook is an important resource in that task.

Jim Guy Tucker
Chairperson
White House Conference
on Families

White House
Conference on FAMILIES

FAMILIES AND HUMAN NEEDS

AN OVERVIEW

Child care, education, health and housing ranked among the top fifteen issues at the national WHCF hearings, three of the top six. A multitude of recommendations came from the states in these areas as well as recommendations on the needs and strengths of families with a handicapped member. These five issue briefs will attempt to supply some data and descriptions of how these human needs relate to families and how both public and private institutions have attempted to respond to them.

Families are preoccupied with these basic needs -- and how to meet them. These are the stuff of everyday family life. They are what families work about and work for. They spend major portions of their income and enormous emotional and other resources trying to obtain good education, adequate health care, decent shelter, and quality child care.

The hearings and state activities raised crucial issues in each of these areas:

Education: the role of parents, the quality of education, how home and school can work together, cost of higher education, among others.

Health: the cost, quality and availability of health care; health education and prevention; family planning and abortion; mental health services.

Housing: the cost and availability of family housing; housing discrimination against minority families, families with children, single-parent families.

Child Care: availability and affordability; family choices in child care, in home care, community-based, private, publicly supported centers.

Handicapping Conditions: special needs and strengths of families with a handicapped member, discrimination, independence.

In all five areas, concerns were raised about how discrimination intensifies the difficulties in meeting these needs.

Another consistent question in these five issue briefs is the responsibility of government in meeting these needs where private institutions or market forces are unable to respond. Some witnesses and recommendations call on government to provide assistance in meeting these needs. Others questioned the appropriateness and efficiency of governmental efforts.

No one, however, seemed to deny that families have genuine needs in these areas and that any attempt to strengthen and support families must deal with the issues of education, health, housing, child care and the special concerns of families with a handicapped member.

White House Conference on FAMILIES

FAMILIES AND HUMAN NEEDS

Issue Brief: Families and Education

I. INTRODUCTION

Learning is lifelong, essential to intelligent participation in family life, in communities, and in society. Education, the process of learning, begins in the home and is complemented and strengthened by the contributions of other institutions such as schools, religious institutions, and the media.

Many parents look on education as the key that will unlock the door of opportunity for their children. To ensure that their children get a decent education, parents have taken second jobs and foregone their own pleasures. Children themselves have worked full or part time while they studied, and, often, after they have graduated, they have helped their brothers and sisters through the system with financial and moral support. This spirit of hard work and sacrifice typifies the commitment of many American families to the value of education.

Testimony at the White House Conference on Families national hearings and discussions at State Conferences evidence deep family concern about the availability and quality of education. Parents want to know:

- Will their children's education help them get to college, find a good job, and lead a productive life?
- How can teachers, school administrators and parents work together to improve the quality of education?
- Will they be able to send their children to college?

II. BACKGROUND ON MAJOR ISSUES

Historically, social and economic advancement in American society have strengthened families' commitment to education and the family. Jobs requiring more skills, responsible citizenship and its requirements for information, and consumer options requiring increased knowledge have emphasized the need for formal education. Society recognizes that the goals and problems of education are not the responsibility of the schools alone. Families can be and should be involved, in a meaningful way, in the education of their children and adult members. Two recent studies have attempted to evaluate major models of parent involvement that were begun in the 1960s. The most recent study, entitled Parents as Teachers of Young Children, 1/ stated:

> As a group, the programs involving parents as teachers consistently produced significant immediate gains in the children's IQ scores and seemed to alter in a positive direction the teaching behavior of parents.

Model education programs have been designed to remove arbitrary distinctions between schools and families in the belief that education is an integral part of life and community. Its function is not exclusively to train children and youth, but to support a climate fostering full participation in democratic society. The mandate for increased parental involvement in the programs administered by the Department of Education (formerly part of the Department of Health, Education, and Welfare) reflects Federal recognition of this influence.

Such programs as Head Start and Follow Through pioneered the philosophy that a child's success cannot be isolated from the family relationship, and, therefore, the well-being of the entire family is an integral aspect of program design. Further, "Educational attainment is closely linked to family background." 2/ As pointed out by the Carnegie Council on Children, "... without the vision of a good life founded in a child's perception of the adults he knows best, he is likely to expect failure of himself as the world expects it of him. Children who lose a sense of a decent future are likely to become dispirited...Excluded from the mainstream, they will see little point in acquiring the basic skills and values that are needed to thrive in the mainstream." 3/

The economic value of education in the United States has been clearly documented, as the following U. S. Census table shows: 4/

Education and Income of Heads of Household

Median School Years Completed	Income
10.4	$ 4,000 - 4,999
12.3	$ 9,000 - 9,999
12.6	$15,000 - 17,499
12.7	$20,000 - 21,999
13.1	$25,000 - 29,999
16.6	$50,000 and over

Other data show a direct relationship between the educational levels attained by different members of the family. For example, 50 percent of the members of a family headed by a parent who completed college also complete college, compared with an 11 percent college completion rate for family members with family heads who were high school dropouts. It is clear that the educational level attained by the family head most often is a model for the family's educational attainments.

There appears to be a consensus that the availability of education has improved and is beginning to have an appreciable impact on the educational attainment of families in general, and minority families in particular.

Research on the quality of education usually focuses on educational attainment and often cites the unprecedented growth in graduate and postgraduate degrees awarded over the past ten years. Some educators argue that this is evidence that technology and understanding of the learning process have significantly improved the quality of education. Further, they contend, schools offer a wider range of programs for academic, career, and personal development and, therefore, that the quality of education cannot be determined solely on the basis of test scores. They maintain that rapid social change has placed increasingly greater demands on students' academic performance.

On the other hand, declining test scores, poor academic performance, the back-to-basics movement, and growth in the use of minimum competency standards have supported the contrary contention that the quality of education is deteriorating. National Center for Education Statistics data show typical achievement of inner-city and rural area 17-year-olds in the areas of reading, writing, and mathematics is significantly lower than that of the same age groups in affluent suburbs. For example, inner-city groups are reading 8 points below the national level and writing 11 points below the national level, while affluent groups are 6 points above the national level in reading and 7 points above it in writing. Black students perform disproportionately lower than white students in these same areas.

To some extent, definitional problems exist in attempting to measure the quality of education. The many assessment methods in use are sometimes conflicting, biased toward certain populations, or incompatible with the goals and curricular of a particular school system or state. To some extent, this conflict has fueled the testing controversy.

More than 100 million standardized achievement and intelligent tests are administered annually in the United States. Some critics have accused schools and the testing industry of practicing "functional discrimination" in the use of tests because a test can determine admittance to advanced or general courses and to college. They allege that arbitrary decisions based on test scores promote divisions of social class and too often mislabel a child for life. These and many other critical issues present families with increasingly tough decisions as the demand for skilled, productive, and educated manpower increases, and as access to quality education and a competitive job market becomes increasingly difficult.

II. Information on Major Issues

Availability of Quality Education

- Between 1970 and 1979, enrollment in public schools at the elmentary and secondary levels declined by 4.7 million. Black student enrollment in private elementary schools in urban areas increased substantially in 1977 over 1976, which suggests that alternatives to public education are becoming increasingly accessible to minorities.
- Based on census data, about 2 million children between the ages of 7 to 17 were not enrolled in school in 1970. Minority and rural children were and still are more likely to be out of school.
- The Condition of Education indicates that there is a direct correlation between the educational level of the head of the family and the grade retardation of students ages 8-17.
- Data for 1978 of the national assessment of educational achievement administered by the National Institute of Education show that 87.4 percent of the school age population is functionally literate.
- The most significant declines in achievement since 1970 have been in the areas of the physical and biological sciences. However, recent data based on national assessment studies indicate that reading performance has improved for all school age groups.
- Eighteen states now require some form of testing for high school graduation. A disproportionate number of minority students from low-income families fail to meet minimum competency standards and thus in some states cannot receive a high school diploma.

- In a 1978 survey of students and parents, more than 50 percent of both groups rated public education high in terms of quality. In fact, public schools were rated 28 percent better than private schools by parents whose children attended nonpublic schools.
- A National Center for Education Statistics survey shows that most parents see television as a contributing factor to declining achievement. Other factors cited include the lack of discipline in school, inadequately prepared teachers, and the lack of a sound and systematic approach to education.
- Larger numbers of minority students are enrolling in two-year institutions of higher education, which may relate to the growth of low-cost community colleges. Some feel this trend will adversely affect academic and professional mobility of a substantial number of minorities in that conflicting requirements between 2-year and 4-year institutions often restrict entrance to 4-year institutions and consequently to academically oriented programs.
- Minorities have made significant gains in educational attainment. Since 1975, they have enrolled in post-secondary institutions at a higher rate than whites.

Cost of Education

- The Carnegie Council on Children conservatively estimates that educating one child through high school, in addition to other essentials, will cost $35,000 for a family with an income of $10,000. The cost of education is presenting some families with overwhelming economic hardships.
- The average costs of private elementary and secondary schools range $2,500 to $2,800 per year.
- State expenditures per pupil range from $766 to $3,049 in 1977. These gross disparities affect the quality of education for millions of minority, poor, and rural families.

- Children of families with high incomes are more likely to attend college. This trend is likely to increase in view of diminishing public and private financial assistance.
- In 1977, the average cost of tuition for public universities was $550 compared to $2,564 for private institutions.

Education and Work

- Vocational education programs constitute the fastest growing segment of the educational system, underscoring the basic relationship between education and work in American education today.
- With more women and young people entering an increasingly competitive labor market, the demand for skill training in secondary and post-secondary institutions has increased dramatically.
- As the job market becomes more competitive and specialized, more adults are seeking training to enhance their job options.
- High unemployment, particularly among minority youth, has stimulated consideration of job sharing, redistribution of work, work sabbaticals, a shortened work week or work year, and a number of other innovative approaches to expanding the job market.

Parental Involvement

No national quantitative data appear to exist on the extent to which parents are involved in the education of their children. Studies in this area either implicitly or explicitly suggest that parents positively influence the academic achievement and emotional development of their children.

Where research has focused on the effects of parental involvement in the decision-making processes of education, it generally suggests that parents are developing stronger partnerships with public and private school officials, especially in educational programs that require such involvement.

III. POSSIBLE DIRECTIONS FOR FUTURE ACTION

A major change has occured at the Federal level in the administration of educational programs through the development of a Department of Education. According to the Department of Education Reorganization Act, Public Law 96-88, the Department was created: to improve the quality of public education; to strengthen the Federal commitment to education; to reinforce and complement state and local initiatives; to augment parental and public involvement in public education; to facilitate better management and administration; and, to increase congressional and Presidential attention to the administration of education policies and programs.

Project Head Start, the pre-school child development program, was one of the early Federal efforts to broaden education to include services such as health care and nutrition for young children, primarily from low-income families. The program is predicated on the belief that the well-being of the family is central to the development of the "whole child." Thus, parental involvement is mandated in all facets of Head Start.

Follow Through, administered by the Department of Education, was created to reinforce the gains made by Head Start children. It moved parental involvement to the policy-making level.

Through enactment of the Education for All Handicapped Children Act, the educational rights of handicapped children and their families are to be protected. This legislation mandated involvement of parents in the development of their child's instructional program, encouraged a new level of teacher-parent communication, and provides parents due process procedures within their local school system and through the courts. Educators feel the impact of this legislation far exceeds any other Federal initiative to involve families in the total educational process.

Parental involvement is also mandated in Federally supported bilingual education programs. Their intent is to improve the quality of education for the child, to strengthen the family and its supportive bonds with the child and school, and simultaneously to foster culturally-sensitive programs.

Parental involvement is required in Title I programs which serve the educationally disadvantaged. Eighty-seven percent of all school districts in 1977-78 received Title I funds for the benefit of more than 5 million students.

The Education Amendments Act of 1978 (Public Law 95-561) includes provisions for improving basic skills, parental participation in basic skills instruction, educational improvement, resources and support, and many other programs geared toward enhancing the quality of education and parental involvement.

Federal support for strengthening the relationship between education and work now amounts to more than $700 million a year.

SUMMARY OF STATE RECOMMENDATIONS: EDUCATION

Thirty-two states made recommendations which addressed issues related to education.

Responsiveness of Public Education to Families

- Seventeen states addressed the responsiveness of public education to families.
- Five states recommended community use of school facilities.
- Four states made recommendations concerning programs for parents.
- Four states recommended that education should be more sensitive to diversity in our society.
- Three states called for the use of schools for child care services.

Parental Involvement in Education

- Sixteen states made recommendations regarding parental involvement in education.
- Eight states supported parental involvement in the educational system.
- Four states favored outreach efforts to involve parents in the education of their children.
- Two states recommended parental involvement in overall school planning.

Quality Education

- Nine states made recommendations concerning the quality of education.
- Five states favored a return to basics in education.
- Three states recommended a reduction in teachers-pupil ratio.
- Three states recommended more local control over the school system.

Diversity of Education

- Seven states made recommendations concerning the responsiveness of education to culturally and ethnically diverse groups.
- Six states recommended that text books, curricula and other Institutional materials reflect the racial, ethnic and cultural diversity of the society.

- Three states supported the maintenance and expansion of billingual and bicultural education

Religion and Values

- Six states made recommendations concerning the teaching of religion and values.
- Five states proposed that "secular humanism" not be taught in Public Schools.
- Two states recommended prayer in public schools.

Vocational and Alternative Education

- Six states made recommendations about vocational and alternative education.
- Four states made recommendations regarding alternative education.
- Three states addressed issues concerning vocational education and job preparation miscellaneous recommendations were also made concerning leader training, bussing, exceptional children, taxation and manditory school attendance.

Control of Education

- Five states made recommendations concerning the control of education.
- Five states recommended decentralized local citizen control of education.
- Three states addressed the issue of limiting or eliminating Federal involvement in education.

Responsiveness of Public Education to Families

Seventeen states addressed public school support for families.

Connecticut proposed:

> "Local schools should receive incentive grants for remaining open on a more flexible time basis to accommodate the needs of families."

Similar recommendations were made by: Georgia, Nebraska, Kentucky, and Wyoming

New York proposed:

> "Where federal funds are received for compensatory education programs, the federal government should make provisions for programs parents which involve outreach, advocacy and training in reinforcing the educational process at home."

Similar recommendations were made by: Hawaii, Connecticut and New Hampshire

California proposed:

> "Currently credentialed school personnel should be required to take additional course work which would provide information and awareness of the diversity and pluralism of families."

Similar recommendations were made by: Connecticut, District of Columbia, and West Virginia.

Connecticut proposed:

> "Through the federal and state governments, funds should be made available for providing preschool/day care services to a greater number of families through public school and non-public school avenues."

Similar recommendations were made by: Georgia and New York

Parental Involvement

- o Sixteen states made recommendations concerning parental involvement in the education of their children.

Arkansas recommended:

> "Parents must have imput into the curriculum and approve it."

Illinois, New Hampshire, Mississippi, North Carolina, North Dakota, South Dakota and Washington recommended:

"More parental involvement in the design of curriculum, selection of textbooks and other instructional materials, general educational plan, and in the formulation of proficiency goals.

Illinois recommended:

"Schools must reach out to families and community networks in a continuing dialogue and plan social activities that stimulate participation.

Likewise, Connecticut, Colorado, South Dakota supported various state and local activities to encourage more parental involvement in all aspects of the educational process.

Connecticut proposed:

"Federal legislation be amended to allow the Department of Education, through their incentive and program assistance grants, mandate the inclusion of parents on a broad scale in planning activities."

Similarly, Illinois recommended that parents be involved in planning activities for the improvement of education.

Quality Education

- Nine states expressed concerns regarding quality of education.

North Dakota recommended:

"A move back to the basic subjects of reading, writing and arithmetic be adopted..."

Additionally, Connecticut, Mississippi, Maryland and Tennessee supported a return to basic in education.

Nevada proposed:

"Class size should be limited for adequate education and teacher control."

Connecticut and North Carolina also supported a reduction in class size as a means of improving the quality of education.

- Three states recommended more local control over the school system.

Nevada proposed:

"A reduction of federal governmental controls and involvement in local school systems."

Delaware and Wyoming proposed similar recommendations as a means of improving the quality of education.

Diversity of Education

- Six states proposed recommendations concerning the responsiveness of education to culturally and ethnically diverse groups.
- Six states recommended that textbooks, curricula and other instructional materials reflect the racial, ethnic, and cultural diversity of the society.

New York recommended:

> "Active participation of affected groups in the design and content of textbooks and curriculum to insure accurate portrayal of racial, ethnic, cultural groups and women."

New York, Arkansas, Colorado, Connecticut, Montana and North Dakota recommended:

> "Development of culturally and ethnically fair educational materials.

Montana and New York recommended:

> "Grants emphasis on bilingual - bicultural education in which English is taught or a second language and subject areas are taught in the native language of the student.

Alaska made a similar recommendation.

Religion and Values

- Six states made recommendations concerning teaching Religion and Values.

Texas proposed:

> "Congress should legislate that no federal funds will be used for educational programs at the teacher-training level or education of children which promotes or advocates secular humanism."
>
> SRWMB: Arkansas, Mississippi, Nebraska and North Dakota

North Dakota proposed:

> "Preserve right to religious freedom. Oppose legislation that prohibits or restricts prayers, etc. in schools."

AMSR: Arkansas and Iowa

Vocational and Alternative Education

Six states considered the subjects of vocational and alternative education.

Four states made recommendations regarding alternative education.

Hawaii proposed:

"Promote and support establishment of alternative education programs and special motivation classes to meet needs of alienated students."

Similar recommendations were made by: Nebraska, Illinois, Tennessee

Four states recommended vocational education and job preparation.

North Carolina proposed:

"The federal government should ensure that sufficient funds are available to each state to design and implement a broad vocational education program."

Similar recommendations were made by: Illinois, and New Hampshire

Control of Education

Five states considered the subject of the control of education.

Arkansas proposed:

"Return local school boards to a rightful position of authority over the school district."

Similar recommendations were made by: Hawaii, Mississippi, North Dakota and Texas

Mississippi proposed:

"Put an immediate halt to HEW using federal funding as a point of leverage to enact directives regarding our schools."

Similar recommendations were made by: Arkansas and Texas

Miscellaneous

Eleven states made miscellaneous recommendations:

- Connecticut, Delaware, Mississippi and North Carolina made recommendations concerning teacher training.
- Arizona, Iowa, Mississippi and Texas made recommendations argument bussing.
- Hawaii, Idaho and North Carolina made recommendations addressing exceptional children.
- Oklahoma and Washington made recommendations concerning taxation and education.
- Washington, D.C. made a recommendation concerning mandatory school attendance.

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
Responsiveness of Public Education to Families	17	
o Community use of School Facilities	5	CT, GA, KY, NB, WY
o Educational Programs for Parents	4	CT, HI, NH, NY
o Sensitivity to Diversity	4	CA, CT, DC, WV
o Use of School or Child Care Services	3	CT, GA, NY
Parental Involvement in Education	16	
o Parental Participation in Education	8	AR, IL, MS, NH, NC, ND, SD, WA
o Outreach Efforts to Involve Parents	4	CT, CO, IL, SD
o Parental Involvement in Planning	2	CT, IL
Quality Education	9	
o Return to Basics in Education	5	CT, MS, MD, ND, TN
o Reduction in Teacher Pupil Ratio	3	CT, NY, NC
o Increased Local Control Over Schools	3	DE, NV, WY
Diversity of Education	7	
o Schools Should Reflect Society's Diversity	6	AR, CO, CT, MT, NY, ND
o Expansion of Bicultural Education	3	AR, MT, NY
Religion and Values	6	
o Opposition to Secular Humanism	5	AR, MS, NB, ND, TX
o Prayer in Public Schools	3	AR, IO, ND

Vocational And Alternative Education	6	
o Alternative Education	4	HI, IL, NB, TN
o Vocational Education	3	IL, NH, NC
Control of Education	5	
o Local Citizen Control of Education	5	AR, HI, MS, ND, TX
o Elimination or Limiting Federal Involvement	3	AR, MS, TX
Miscellaneous	11	

FAMILIES AND HUMAN NEEDS

Issue Brief: Families and Education

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2. Carnegie Quarterly, Carnegie Corporation of New York, 1977.
3. Ibid.
4. U.S. Census, Series P-60, No. 109, 1978.

White House
Conference on FAMILIES

FAMILIES AND HUMAN NEEDS

Issue Brief: Health

I. INTRODUCTION

Families in the United States have traditionally had more to do with health care than all the doctors, nurses, hospitals, and other professional providers combined. From all indications, that role is not apt to change a great deal in the years ahead. It is the family that provides initial health education which helps to shape the habits of a lifetime. And, it is the family that determines to a great extent when and how our health care system will be used.

A report prepared by the United States Public Health Service states:

> The health of the Nation has never been better. Average life expectancy is 73.2 years...and the infant mortality rate is the lowest in our history. 1/

Other statistics however, create a different picture of the nation's health. For example:

- Women in six other nations have a higher life expectancy;
- Men in 18 other nations live longer;
- The infant mortality rate is lower in 14 other nations.

Other examples are equally striking. Early prenatal care (during the first three months of pregnancy) is available for 70 percent of all live births in this country but, for only 50 percent of the babies born to nonwhite mothers. The infant mortality rate in 1975 reached an all-time low of 14.4 per 1,000 live births but, the rate for nonwhites was 22.9, a level experienced by whites a full 15 years earlier.

Some maintain we have a dual American health care system one system for those with money, another for those without it. Between 20 to 25 percent of all children receive health care from the often under-funded public sector. An estimated one-fifth of all children from poor and minority families do not see a physician for periods of two years or longer.

Whatever the disparities, good health care is vital to the growth and development of American families. The family is the primary educator and socializer of its members and, therefore, has a major impact on the development of nutrition habits and sensitivity to health hazards. It also contributes to the creation of a climate that fosters "good" health-related attitudes and behaviors.

Increasingly, the relationship between the health of families and the quality and availability of health services must be examined within the context of the rising costs of health care, medical insurance, and hospitalization. In view of these high costs, it is important to examine the associated problem of such care being too often unavailable to the poor, racial and ethnic minorities, and to the rural and isolated. In these communities, infant mortality and morbidity, maternal mortality, teenage pregnancy, alcohol and drug abuse, and nutritional deficiencies often reach epidemic proportions. As suggested by one scholar:

> The current American health care system has been criticized for being too costly and inefficient; for providing a double standard of care (one for rich and one for the poor); for providing too many services where they are least needed, and too few (if any) services where they are most needed; for stressing institutional provisions rather than community care; and for being too illness-oriented.2/

Similarly, testimony at White House Conference on Families' state conferences suggests that American families are concerned about the growing problem of adolescent pregnancy, the quality of maternal and child health programs, the effect of poor nutrition on the development of children of low-income families, and the role of the government and private sector in regulating inflationary health costs.

Health care cannot be examined apart from social conditions. Evidence clearly relates families' economic well-being with their ability to provide adequate nutrition and a healthy environment for their children. Quality education, good jobs, standard housing, and adequate income are all directly related to the degree to which families lead healthy and productive lives.

Historically, health care has focused on specific illnesses without considering the family as a primary source of support. Despite the increase of family health medical practice, services to families are often fragmented. For example, public health care is generally designed for either the very young or the very old, leaving adolescents and other family members dependent on costly private services. Numerous researchers have recognized the need for restructing the health environment as crucial to the well-being of the family. When health problems occur, it is the family, kin networks, and the community that provide the complementing emotional support. Kathryn Barnard, a Professor of Maternal and Child Nursing writes:

> It is imperative that our health care system take more serious account of the family and its capacity to socialize, nurture, and care for its individual members...3/

This issue brief attempts to help White House Conference on Families' delegates answer such questions as:

- How should governmental and private-sector policies that intimately affect the health status of families be modified to improve accessibility and quality of health care?
- What steps should be taken to reduce and regulate the costs of personal health care?
- What measures should be taken to ensure that nutritional needs of families in general and poor families in particular are adequately met?
- Should the Federal government support a national health policy that will ensure adequate and affordable health care for all families regardless of income?
- How can this nation minimize the severe economic constraints American families are currently facing with respect to obtaining adequate health care?

II. BACKGROUND ON MAJOR ISSUES

Availability, Quality, and Cost of Health Care

Health resources are still disproportionately centered in affluent urban and suburban areas, while rural and poor central-city residents are often less well served. In 1978, 27 million people lived in rural and urban centers which had significant shortages of health care services. Estimates indicate that these areas need the services of 7,000 more physicians.

Between 1959 and 1978, hospital costs increased by $72.1 billion, an annual rate of 11.2 percent, and these costs were aggravated by the high number of unoccupied beds.

Between 1960 and 1978, annual health expenditures increased more than 700 percent. Sixty-three percent of this increased expenditure was attributed to expanded use of technology. In 1978, an average of $863 per person was devoted to health care in the United States. Overall, personal health care expenditures increased from $57.9 billion to $167.9 billion between 1969 and 1978.

In 1978, the cost of medical care rose faster than all other items on the Consumer Price Index, except food, and in the one year, Federal, state, and local governments accounted for 40.6 percent of all health expenditures compared with 59.4 percent for the private sector.

By 1985, health expenditures are expected to account for around 10 percent of the gross national product, compared with 8.8 for 1977.

While about 89 percent of the noninstitutionalized population had some form of health care coverage in 1976, some 20 million people, most of them minority or rural - had no form of health insurance.

In 1977, personal health care costs for people over 65 averaged $1,745, more than three times the per-capita costs of $514 for those under 65. Government now pays 76 percent of the health care bill for those 65 and over. For persons 65 and over, the Federal government spent around $18 billion for Medicare in 1977 compared to about $3 billion in 1967. About 74 percent of this amount was for hospital care. Medicare eligibility requirements prohibites about 750,000 elderly people from receiving benefits and the large number of people who prefer home-care are not covered by the program.

In the same year, Medicaid expenditures by Federal, state, and local governments were $16 billion compared to $2 billion in 1967. Hospital care accounted for 31.5 percent and nursing home care accounted for 17.2 percent. In 1976, around 9 million persons with incomes below the poverty level were not covered by Medicaid.

Studies show that patients perceive medical care as becoming more insensitive and impersonal, despite the relationship between family stress and one's susceptibility to disease. This underscores the need for more humane and family-oriented health services.

As health care becomes more mechanized, there is a need to examine the expansion of the role of families in rehabilitation. Some studies suggest that the extension of sick leave provisions to family members to care for dependents could have a beneficial impact on cost and humanization of the health care system.

Ten million children in this country have no regular source of medical care. And, 20 million children under the age of 17 have never received dental care. A substantial number of the handicapped are either living independently, in alternative living arrangements, or are living with family members. Growing economic and social stress on the handicapped and family members is of grave concern. A number of studies emphasize the importance of strengthening health care provisions and support systems to encourage more independence and family care of the handicapped.

Family Planning

In 1977, about 9.7 million women reported visits to private physicians for services related to family planning. Eight out of ten were between the ages of 20 to 34 and one out of ten was in the 15 to 19 age bracket. Estimates indicate more than 6 million low and marginal income women and teenagers of high risk groups are not receiving family planning services. Less than 1 percent of the total number of visits for family planning were made by men.

In 1976, 92 percent of the nation's million married couples used some form of contraception or were surgically sterilized.

In 1978, it was estimated that 28.9 percent of all pregnancies in the United States (excluding those ending in natural mis-carriages) were terminated by legal abortions. Teenagers represented one-third of this group and three-quarters were un-married. Illegal abortions have declined dramatically since the 1973 Supreme Court decision. Estimates show that fewer than 10,000 illegal abortions occur each year compared to a 1950 estimate of 200,000 to a million.

It has been recently estimated that around 11 million American teenagers are sexually active. The United States has one of the highest teenage birth rates among industralized countries. About one in ten young women or 1.1 million become pregnant each year. Around 30,000 teenagers under age 15 become pregnant each year, and births for this age group increased by 61 percent between 1960 and 1977. School-age teenagers accounted for 39 percent of all teenage births in 1977.

Adolescent mothers are three times more likely to have premature babies, and risk of maternal death is 60 percent higher than that for more mature women. Early childbearing has social and economic consequences that can seriously affect the futures of teenager parents. Nearly 70 percent of all pregnant teenagers fail to complete high school and, among mothers aged 15 or younger, 90 percent never complete high school. This lack of education and training becomes a lifelong disadvantage. Where birth prevention programs are not available, teenage mothers often become pregnant again, 44 precent within one year and 70 percent within two years.

Mental Health

About 25 percent of all Americans experience depression, anxiety, or some form of emotional disorder at some time, and 10 to 15 percent will require some form of mental health services during their lives. By 1985, there may be a 23.9 percent increase in the use of mental health services. Minorities (45 percent) will use mental health services at a rate more than twice that of whites (19.6 percent). And, the prevalence of mental disorders is projected to be 24.6 percent for whites and 44.7 percent for minorities.

In 1976, mental health accounted for 20.5 percent of the nation's health expenditures.

In 1970, the number of minority males in mental institutions was 2.3 times that of white males -- and, the rate for white females was 1.6 times that of minority females.

There are more than 600 community mental health centers, with 58 percent in urban areas, 17 percent in the central cities, and 8 percent in suburban areas. In 1975, these centers served around 1.6 million patients. The majority (52 percent) had incomes around the poverty level; children and adults over 45 and especially over 65 were the least represented.

While there are 12.4 psychiatrists per 100,000 people, they are concentrated in wealthy and urban communities. As one result, 68 percent of all counties in the country have no psychiatrists.

The President's Commission on Mental Health identified the chronically mentally ill as a group substantially underserved by mental health systems. The Commission reported that basic human necessities are often unavailable to the chronically disabled and "follow-up mental health and general medical care is woefully inadequate."

Food and Nutrition

A 1978 family health survey found Americans to be increasingly concerned about their health, 25 percent are eating more nutritiously, 26 percent are more conscious of calories, and 36 percent exercising regularly.

Daily dietary intake differs by race and by economic status, with white families above the poverty level having the highest quality of nutrition. Minorities and the poor still suffer a disproportionately high rate of vitamin, protein, and iron deficiencies which cause a high incidence of stunting, obesity, anemia, and dental caries.

Nutrition programs for the elderly have increased from about 41,000 participants in 1975 to more than 2.3 million in 1979. More than 70 percent of the people served have incomes below the poverty level.

Free school breakfast programs serve more than 3 million children annually. Although in existence since 1967, they operate in only 20 percent of the schools. Studies show significant nutritional gains among children in these programs and suggest that expansion could substantially improve the health and educational performance of high-risk children. About 38 million poor children participate in free or reduced-cost lunch programs in 92 percent of the schools in the country. Although the program has significantly enhanced nutrition for poor children, a 1978 report by the General Accounting Office was critical of the quantity of food served and the nutritional quality and appeal of lunches.

The WIC (Women, Infants, and Children) Program of the U.S. Department of Agriculture served more than 1.5 million high-risk women and children out of 8 million eligible families. Although studies show the program has had a marked improvement on the decline in low birth weight and infant mortality and morbidity, its effectiveness is hindered by operation in only 40 percent of the nation's counties, closing of 89 percent of the centers evenings and weekends, and "evidence of malnutrition" as a requirement for enrollment.

The Food Stamp Program serves about 20 million low-income people. Some nationwide studies suggest "food stamps are making a critical difference in improving the quality of the lives of many poor Americans." Other studies have found the program inaccessible to rural and elderly families, woefully inadequate in its outreach, and beyond many eligible families because of the food stamps pricing.

Preventive Care

Preventive care has increased, especially immunization against childhood diseases. However, one study estimates that more than 20 million children under 15 years of age are still not adequately immunized and 10 million children receive no health care.

Continued reduction in cigarette smoking could significantly reduce such conditions as hypertension and cancer. Smokers have a 70 percent higher risk of premature death than nonsmokers. About 4,000 children and adolescents become cigarette smokers each day.

Studies indicate a need for more prenatal and postnatal care in addition to early diagnostic service for detection of hypertension, cancer, and diabetes. Their early detection could considerably reduce death rates, especially among blacks who suffer from hypertension disproportionately. Some 35 million people in the U.S. suffer from hypertension.

Between 33 and 34 million people may be adversely affected by exposure to air pollutants. In 1975, 18 million tons of potentially hazardous substances were released into the nation's air.

A recent National Cancer Institute study suggests that 20 to 38 percent of all cancers may be partially related to occupational factors. For example, at least 35,000 textile workers in the United States have been permanently disabled as a result of occupational exposure to cotton dust.

Reports suggest, a need for more coordination between families, health institutions, schools, business and labor, government, and community organizations in promoting prevention progams.

Chronic Illness

Although chronic illnesses as a whole have drastically declined, hypertension is still a major cause of heart disease. In 1976, 25 percent of all deaths were associated with heart disease, which accounts for 23.8 percent of life-years lost.

Alcohol abuse contributes to about 25 percent of fatal heart attacks and congenital diseases. Diabetes, poor eating habits, and obesity increase the risk of heart disease and other chronic illnesses. And, in general, rural families suffer a higher incidence of chronic diseases than the population as a whole.

III. POSSIBLE DIRECTIONS FOR FUTURE SCTION

Within the last three decades the Federal government has initiated a number of major programs that seek to provide at reasonable cost, health care to various segments of the population.

The Economic Opportunity Act represents a concerted effort to address the multiple causes of inadequate health care for families in poverty through neighborhood health centers incorporating innovative preventive health services. These include outreach, a team approach to medical care, citizen participation in operating the health centers, and environmental health services.

Federally funded community health centers offer a comprehensive range of services and attempt to provide continuous, high-quality care. Community mental health centers have had a significant impact on outpatient care. More than 50 percent of these centers which together serve more than 105 million people are in poverty areas. The Indian Health Service and the National Health Service Corps are other programs that provide medical and dental care to underserved populations.

The Public Health Service promotes disease prevention and specifically supports such programs as health education, immunization, family planning, disease detection, and dietary and exercise programs. Federal Medicare and Medicaid programs have increased the availability of health services to low-income and elderly populations.

Health Maintenance Organizations, for a fixed fee, assume the risk for any health care the family or individual may require. Once premiums are paid, there are no financial barriers to preventive and primary care.

The Adolescent Health Services and Pregnancy Prevention and Care Act of 1978 supports the establishment of networks which provide health, education, and social services for adolescents at risk of unintended pregnancies, for pregnant adolescents, and for adolescent parents. This legislation authorized the establishment of the Office of Pregnancy Programs under the U.S. Public Health Service.

Currently, legislation is being formulated to ensure provision of adequate comprehensive health care services (including protection against catastrophic health care expenses) to all residents of the United States at affordable prices through a system that provides for cost controls.

SUMMARY OF STATE RECOMMENDATIONS: HEALTH CARE

Thirty-seven states made recommendations concerning health care.

PREVENTIVE HEALTH CARE

- Twenty states made recommendations in the areas of health and education.
- Thirteen states made recommendations on nutrition.

QUALITY, AVAILABILITY AND ACCESS

- Sixteen states addressed concerns relating to quality, availability and accessibility of health care.
- Twelve states made recommendations on health professional and training issues.
- Six states expressed concerns about medically underserved areas.
- Four made recommendations on the special needs of low income families.

REIMBURSEMENT/FINANCING/COST

- Eleven states made recommendations relating to national health insurance.
- Ten states expressed concerns about health care costs.
- Five states recommended tax incentives.
- Four states addressed the role of the private sector in funding health care.

SERVICE DELIVERY

- Eight states expressed concern about making the health system responsive to family needs.
- Seven states made recommendations on how the health delivery system could better meet community needs.
- Seven states pointed out problems in the health delivery system.
- Seven states suggested solutions to some of the problems within the health delivery system.
- Seven states recommended promoting alternatives to traditional health delivery forms.
- Five states made recommendations on the importance of recognizing cultural diversity and ethnic values within the health delivery system

SPECIAL CONCERNS

- Sixteen states made recommendations on abortion.
- Sixteen states made recommendations on family planning.
- Fifteen states made recommendations about mental health.
- Eleven states made recommendations about maternal and child health care.
- Six states made recommendations about home care.
- Six states endorsed hospice care in their recommendations.

HEALTH PLANNING

- Five states made recommendations on health planning issues.

Prevention

Health Education

California proposed:

"Encourage development of health education programs which include self-care, nutritional, and educational programs that will allow family members the opportunity to make choices regarding their reproductive rights, dietary and living habits and would facilitate the family's abiltiy to make effective use of available facilities."

Similar recommendations were made by: Washington, Delaware, West Virginia, New York, Illinois and Utah.

Hawaii proposed:

"School curriculum should include education in good nutrition, good physical health, including information on substance abuse. Public education campaigns should be initiated to promote wellness."

Similar recommendations were made by: Arkansas and Colorado.

Illinois proposed:

"All health education programs involving minor children shall be so designed as to maximize on-going parental input and in strict observance of parental and children's rights."

Similar recommendations were made by: Arkansas and California.

Colorado proposed:

"Immunization and screening at elementary school level for speech, vision, hearing, learning, etc. be continued and stepped up."

Similar recommendations were made by: California, Colorado, Hawaii, Kentucky, Washington and West Virginia.

Connecticut proposed:

"Prevention must take a significant place alongside high technology and therapeutic medicine."

Similar recommendations were made by: New York and Illinois

Maryland proposed:

"Stress preventative health programs which reduce cost of health."

Similar recommendations were made by Colorado, Connecticut and North Carolina.

Illinois proposed:

> "Employers should be given tax incentives for establishing programs that promote the wellness concept. Some examples are: stress management, counseling services, substance abuse programs and industrial safety."

A recommendation wa made by Arkansas.

Nutrition

Kansas proposed:

> "Promote nutrition education and the availability of service (like nutritional experts or consultants) to families."

A recommendation was made by Alaska.

North Dakota proposed:

> "Less eating out - concentrate on good nutrition."

Oklahoma proposed:

> "Requiring institutions to provide good nutrition and exercise to all patrons."

Similar recommendations were made by: Virginia, Maryland and the District of Columbia.

Quality/Availability/Access

North Carolina proposed:

> "It should be the policy of public and private sectors to ensure that quality health care is available and accessible to all."

Similar recommendations were made by: North Dakota, Illinois, Utah, Washington, Rhode Island, Iowa, Wisconsin, Kentucky, Wyoming, District of Colubmia, Vermont, Delaware, Hawaii, West Virginia and Alaska.

Illinois recommended:

> "Initiatives should be expanded to attract health care providers and programs to rural and underserved areas insofar as utilization efficiency can be maintained."

Similar recommendations were made by Alaska, New York, and West Virginia.

California proposed:

> Federal health planning methods should contain criteria for identifying medically underserved areas that include "island pockets of need", including ethnic and/or non-English speaking neighborhoods in urban areas and other medically underserved areas which are not now identified by current methods."

Similar recommendations were made by: California, Iowa, West Virginia and Delaware.

Delaware proposed:

"Any hospital built with or receiving government funds (such as Hill-Burton) should provide free or low cost out-patient clincs. In additon, free hospital services should be provided to those patients unable to pay."

West Virginia proposed:

"Encourage "sliding fee scale" clinics for low income families."

North Carolina proposed:

"Existing funds should be redirected to make available and support residencies and health professional programs which promote health practices to prevent physcial and mental illness."

Similar recommendations were made by: Arkansas, Colorado, Connecticut, North Carolina and West Virginia.

New Jersey proposed:

"State and federal funds presently available for health-related training should also include provisions for training para-professionals, volunteers and family members to make up a local health support system.

Similar recommendations were made by: California, Connecticut, Kentucky and Utah.

Connecticut proposed:

"Government policy at all levels should give high priority to those training programs which demonstrate a thrust towards a multidisciplinary team approach in fostering family health."

South Carolina proposed:

"Encourage increased nursing programs in the university to provide more health care at a lower cost."

Similar recommendations were made by: Illinois.

Reimbursement/Financing/Cost

New York proposed:

"Funding for prevention, early intervention, education and outreach in both categorical and comprehensive programs should be based on the same principles as for treatment by amending Titles V, XVIII and XIX of the federal Social Security Act and other health-related programs, including funding for the full range of family planning and prenatal services for all segments of the population.

Make above program recommendations known to members of the House and Senate Health Subcommittees, Finance Committees and to the Department of Health and Human Services."

Similar recommendations were made by: Arkansas, California, Connecticut, Illinois, and West Virginia.

Kentucky proposed:

"Private and governmental insurance programs should provide the options of coverage for preventive services, collateral services, and services for problems of mental health and of substance and alcohol abuse."

Illinois proposed:

"Title XIX Medicaid funds should be made available for non-physician health service providers such as psychologists, social workers, nurse midwives, physician's assistance and nurse practitioners."

Similar recommendations were made by: Arkansas, Colorado and North Carolina.

North Dakota proposed:

"Most feel rising health care costs should be controlled thru market voluntary efforts."

Delaware proposed:

"A citizens lobby should be formed to monitor federal, state and local health related legislation to insure that low cost health care is provided; disseminate information on health related legislation; urge individuals to take action by making their desire a patient advocacy role."

California proposed:

"Government at all levels, in cooperation with private providers of health care, should take immediate action to solve the astronomical rise of health care costs which prevents families from obtaining needed health services."

Similar recommendations were made by: Colorado, Connecticut, West Virginia, North Carolina, South Carolina, Wyoming, and Arkansas.

Wisconsin proposed:

"Pass a comprehensive national health insurance program."

Similar recommendations were made by: Arkansas, Idaho, Minnesota, North Carolina, and New York. Iowa opposed national health insurance. Arkansas, Hawaii, Utah, and Wyoming also noted the important role of private organizations, industry and the family in funding health care.

Service Delivery

Delaware proposed:

"Quality primary and preventive health care can best be made available through the expanded use of community health centers making greater use of interdisciplinary health care teams, i.e. nurse practitioners and physician assistants; a system of transportation; and community education on awareness and availability of health care services."

The District of Columbia proposed:

"Comprehensive health care facilities should be made available conveniently within each neighborhood"

Similar recommendations were made by: Alaska, Arkansas, District of Columbia, Delware, Kentucky, New York, Oklahoma.

Illinois proposed:

"There must be a concentrated effort toward networking services and providing more money for local central information and referral services throughout the State of Illinois."

Colorado proposed:

"Consolidate and coordinate health care services to eliminate duplication and gaps in health care facilities, equipment and services."

Similar recommendations were made by: California, District of Columbia, Hawaii and Kentucky.

New York proposed:

"Alternative means of funding preventive medicine and improved health delivery should be developed in spite of resistance by private interest groups involved in the business of the health industry including the American Medical Association."

Similar recommendations were made by: Arkansas, California, Illionis, Maryland, and West Virginia encouraging the development of alternative health delivery systems.

Connecticut proposed:

"Government policy at all levels regarding health services must validate the importance and relevance of ethnic values in designing programs for family care."

Illinois proposed:

"Concerns about health care accessibility should encompass cultural, economic and ethnic as well as geographic and physical considerations. Funding should support health care services which are sensitive to the diversity of cultural values in the U.S. and which support individual choice."

Similar recommendations were made by: California, New York and West Virginia.

Special Concerns

Sixteen states addressed abortion in their recommendations.

Constitutional Amendment

Seven states urged passage of a Right to Life Amendment to the U.S, Constitution.

Texas proposed:

> "Policy Recommendations: It should be the policy of the government to support the "right -to-life" of the unborn child except where a threat to the life of the mother exists. Not tax monies may be used to pay for abortions. Write legislators and urge support of pro-life bills. Concerned individuals short agencies, churches and organizations that now provide support services and encourage other agencies, churches and organizations to do likewise."

Similar recommendations were made by: Arkansas, Nebraska, North Dakota, Oklahoma, and Washington. District of Columbia and New York opposed this recommendation.

Parental Consent

Alaska proposed:

> "Against V.D., contraception and abortion, health care for youngsters without parental consent."

Similar recommendations were made by: Arkansas, Iowa, Maryland and Washington.

The District of Columbia proposed:

> "Alternatives to abortion be provided to those who desire them."

Federal Funding

Nebraska proposed:

> "Federal funding-no tax money should be used to either perform or promote abortion, e.g. Federal funding of Planned Parenthood, medicaid funding of abortions and tax exempt status of abortion clinics."

Similar recommendations were made by: Arkansas, Maryland, Mississippi, Texas and Washington.

Family Planning

Maryland proposed:

"Policy Recommendations: Individuals and families should have access to free and comprehensive information and services on birth control, family planning, and maternal health care."

Similar recommendations were made by: Colorado, District of Columbia, Hawaii, Connecticut, Kentucky, Nebraska, North Dakota, Washington, South Carolina, Tennessee and Texas.

Iowa proposed:

"We must ensure availability of family planning programs and services for those who choose to use them, and there must be funds allocated for research to develop safe and effective means of birth control...We support natural family planning."

Similar recommendations were made by: Colorado, District of Columbia, Kentucky, New York, North Dakota, South Carolina, Vermont, Washington, and West Virginia.

Hawaii proposed:

It should be policy of the federal government that reproductive health education sufficient to enable people to make informed reproductive decisions be included in all schools."

Similar recommendations were made by: District of Columbia, Washington, South Carolina and Oklahoma.

Kentucky proposed:

"Public funding, including extension and increase of funding under Title X of the Public Health Services Act, for all family planning options be available."

Mental Health Issues

Wyoming proposed:

"Attempt to break vicious circle of ignorance concerning preventative mental and physical health care."

Oklahoma proposed:

"Education programs should be initiated by communities and mental health agencies to reduce the stigma that continues to be attached to mental health."

Delaware proposed:

"The intrinsic rights of families to manage their internal affairs should be acknowledged while recognizing that extraordinary health problems may require the family to reach out for support services in the community. A system of comprehensive coordinated continuous support services should be available throughout the state."

Health Planning

Illinois proposed:

"Individuals conerned with family health care are urged to become involved with their local HSA's to assure adequate consumer involvement.

Similar recommendations were made by: ILlinois, Utah , North Carolina and North Dakota.

Other Health Issues

Utab proposed:

"Funding priority should be given to research in design, implementation, evaluation of strategies in health promotion and disease prevention."

Similar recommendations were made by: Illinois, North Dakota and North Carolina.

North Carolina proposed:

"That the federal government should develop policies and guidelines that will assist families with the problems of chronic illness and disability."

Similar recommendations were made by: Arkansas and Illinois.

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
Prevention, Health Education, and Health Promotion	20	OK, NC, CT, AR, WV, CA, CO, KY, NY, WA, IL, MD, HI, DE, VT, WY, WI, NB, UT, IA
Quality, Availability and Accessibility of Health Care	16	IL, DE, WY, AK, IA, HI, ND, WA, RI, VT, KY, DC, UT, WI, WV, NC
Abortion	16	AK, AR, DC, ME, MD, MI, IA, NB, ND, OK, RI, TX, UT, WA, VT, MA
Family Planning	16	CO, DC, HI, IA, KY, MD, SC, NB, ND, OK, UT, VT, WA, WV, CT, NY
Mental Health Issues	15	RI, HI, NY, ND, CA, NB, IL, DE, KY, OK, WY, WI, IA, NC, GA
Nutrition	13	NC, DC, KS, WV, AK, NC, MD, RI, OR, OK, IA
Concerns Relationg to the Health Professions	12	CO, AK, WV, NC, CT, NJ, UT, CA, IL, SC, KY (one unidentified st.)
Reimbursement Changes	11	NY, WV, CT, CA, NC, KY, AK, IL, CO, MN, ND
National Health Insurance	11	IA, AK, MN, CT, NY, KY, WA, NC, IL, ID
Maternal and Child Health	11	NY, IA, HI, AK, WV, MY, NC, IL
Health Care Costs	10	CA, CT, CO, NC, WV, NC, SC, WY, DE, NC

Making the Health System Responsive to Family Needs	8	WV, NY, KY, CA, CT, IL, CE, NC
Problems in the Delivery System	7	NC, IL, KY, WV, CT, DC, ND
Suggested Solutions to Problems with the Delivery System	7	CA, DC, CO, IL, HI. KY
Meeting Community Needs	7	NY, KY, DE, AK, OK, DC, AR
Promoting Alternatives to Traditional Health Delivery Forms	7	WV, NY, IL, KS, IA, MD, CA
Concern About Medically Underserved	6	NC, WV, NY, IL, AK, CA
Home Care	6	KY, NC, IL, WA, WV, CA
Hospice Care	6	NC, IL, VT, IA, NY, MO
Concerns About Post Conference Followup	6	CA, AK, IL, DC, MO, HI
Health Planning	5	WA, CT, IL, CA, NC
Tax Incentives	5	IA, NY, ND, AR (incld. 1 unid. st)
Recognizing Cultural Diversity Ethnic Values Within the Health Delivery System	5	IL, NY, CT, CA, WV
Special Needs of Low-Income Families	4	IA, WV, CA, DE

Role of Private Sector and Private Sector and Private Funding in Health Care	4	WY, HI, AK, UT
Research and Evaluation	4	NC, IL, UT, ND
Disabled/Aging	4	IL, AK, KY, NC
Legal/Health Issues	4	CT, OR, AK, MN

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White House
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FAMILIES AND HUMAN NEEDS

Issue Brief: Housing

I. INTRODUCTION

Many participants of the White Conference on Families national hearings and state conferences expressed their concern regarding the need for sensitive family housing policies. Some expressed a need for more tax incentives, loans, subsidies, and construction programs to increase the availability of standard housing for all families. As one WHCF National Advisory Committee member stated, "We don't have a housing policy in this country, we have policies that affect housing. Policies are increasingly less responsive to American families."

Basic questions are being raised:

- What are the housing needs of America's families?
- How are escalating costs and high interest rates affecting the availability of family housing?
- What are the dimensions of discrimination against families with children and single-parent families in rental housing? What should be done about this?
- How is urban revitalization affecting families? Is displacement of families a serious problem?

II. BACKGROUND ON MAJOR ISSUES

Although there are many social and economic problems that American families currently face, few have presented as great a challenge as housing. Shelter is a primary human need that supports and sustains families. The home is usually the largest single investment undertaken by a family. In 1975, almost two-thirds of all Americans owned their own homes. 1/ Increasingly Federal, state, and local policies reflect recognition of the belief that "housing is where people live; it is how they identify themselves, their families and the relationship to their community and city." 2/

Current trends indicate that housing costs will continue to rise, further limiting the capacity of a substantial number of families to buy adequate housing. The rising cost of housing undoubtedly will exacerbate social and economic problems of the elderly and low-income families. Moreover, families able to buy a house are facing escalating interest rates, currently around 17 percent, and higher utility costs and property taxes. To compound the problem of housing, families may be restricted from certain communities on the basis of their sex, race, age, or because they have children. Despite geographical diffusion of minorities throughout the country, national demographic data suggest the population continues to distribute itself homogenously. Further, racial steering and economic discrimination are still practiced. A federally supported study states:

> Blacks are discriminated against in the sale and rental of housing. Blacks were systematically treated less favorably with regard to housing availability, were treated less courteously, and were asked for more information than were whites. 3/

Discrimination against families with children is beginning to gain attention. Although there is little national data on the subject, a rental survey of six cities in California found half to 70 percent of apartments denied access to families with children. Surveys elsewhere have shown similar discriminatory practices. Discrimination on the basis of sex is often widespread. Studies show women are underrepresented in policy-level positions in the housing industry; some states have property ownership laws that encourage sex discrimination; sex stereotyping factors tend to reinforce biases against home ownership for women, and some lending institutions continue to arbitrarily reject applications from women. Moreover, some communities are undergoing significant involuntary displacement of families as a result of revitalization, urban renewal projects, and condominium conversions.

Throughout the country, community residents are organizing to resist developments that adversely affect the quality of their neighborhoods. Communities are also working to maintain their unique "social fabric." As an architect recently stated, "Buildings are not that important, social fabric is more important. And when you rebuild a community, one of the first things you want to preserve is that social fabric." 4/ On a national level, efforts are being designed to foster more participation of families in the planning and implementation of housing and neighborhood improvement projects. It is important to examine the impact of these social and economic changes in relation to the growth and stability of neighborhoods as a collective body of families.

Availability and Cost

- Studies suggest that two-thirds of new housing construction is attributable to increases in new household formations. Although the number of new households increased from 52 million to 72 million between 1960 and 1978, evidence indicates a decline in the rate of new household formation by early 1980.

- In view of the cost of housing and energy, some studies predict increased changes in geographic settlement patterns of families. Between 1970 and 1975, 40 percent of all population growth was concentrated in California, Florida, and Texas. The South experienced greater population growth than the West, Northwest, and North Central regions combined.
- Demographic trends indicate continued growth in non-urban areas and small towns, especially in the Northeast and North Central regions. Between 1975 and 1985, for example, the Northeast is expected to experience a growth rate in large urban areas of about 5.02 percent compared to 16.42 percent in nonmetropolitan areas.
- Because of changing settlement patterns, availability and demand for housing is expected to be greatest in the South and West and in nonurban areas between 1980 and 1985.
- Data indicate about a 100-percent increase between 1968 and 1977 in the cost of housing, maintenance, furnishings, fuel, and utilities.
- In 1976, the average cost of existing houses was $42,200 and of new houses $48,000; in 1978, the figure increased to $55,500 for an existing house and $65,500 for a new house. In 1976, only 27 percent of all families were financially capable of buying median-priced new houses compared with 46 percent in 1970.
- In 1970 half of American families could afford a new house that then cost an average of $24,000. In 1980, less than 5 percent could afford a typical new house which costs more than $70,000. Nor could they afford expensive existing houses.
- Families with incomes over $20,000 were the largest group of homeowners (58.1 percent) in 1975 and 1976. Families with incomes below $20,000 are losing ground in the housing market.
- Forty percent of all elderly households and many other families spend as much as 25 percent of their income on housing.

- A National Urban Coalition study found widespread displacement of low- and moderate-income households from neighborhoods undergoing middle class resettlement.

- Available apartments are becoming scarce. Vacancy rates for rental housing in 1979 were less than 5 percent nationally and as low as 1 percent in some cities.

- Condominium conversion is increasing rapidly in major cities, resulting in a net loss of rental units. Families with children and the elderly are particularly disadvantaged by this loss.

- Less than 5 percent of new multi-family units have at least three bedrooms, reflecting the growing difficulty of renter families to get adequate housing and the reluctance or inability of suppliers to respond to these needs.

- In 1976, 21.4 percent of black households, 18.5 percent of Hispanic households, and 16.9 percent of households with six or more members lived in physically inadequate units.

Discrimination

- Although Federal housing laws prohibiting discrimination cover more than 85 percent of all houses in this nation, discrimination is still practiced. Many believe that discrimination could grow as the housing market tightens.

- Minorities more often live in substandard houses, overcrowded conditions, and low-income communities, and are more likely to be renters.

- Although no national data exist on the extent to which families with children are discriminated against, regional studies found 26.7 percent of all rental housing in Metropolitan Atlanta and 78.6 percent of newer apartments in Dallas denied access to families with children.

- Studies show adverse impact of housing discrimination is greater for minorities and female-headed households.

- In 1970, a report of the U.S. Commission on Civil Rights found 68 percent of all families headed by men owned their homes compared to 48 percent of all families headed by women.

- Prejudicial practices against women are widespread in the apartment rental market, especially for female heads of household and single women.

Neighborhoods and Communities

- Involuntary housing displacement disproportionately affects elderly working people, and blue collar and minority families in predominantly urban areas.
- Although studies report extensive displacement in Washington, D.C., New York, and Boston, a U.S. Department of Housing and Urban Development report concludes that very little reliable information exists on the extent and impact of displacement and private renewal projects.
- Advocates support a restructuring of federal and state housing and neighborhood development policies to increase participation and control of neighborhoods by those with the greatest vested interest -- the community as an organized body of families.
- Fiscal problems and budget cuts limit local efforts to promote neighborhood development and public services. The local capacity for improvement, however, is greatly augmented by the more than 15,000 local neighborhood-based organizations whose role has been increasingly instrumental in recent years in helping families.
- While housing demand is high in some neighborhoods, other neighborhoods in the same city face abandonment. This forces some families into an ever tightening housing market.

III. CURRENT POLICIES AND PROGRAMS

- Current programs and activities concerning housing American families include: (1) assisted housing; (2) public housing; (3) community development funds; (4) urban rehabilitation activities; (5) state and local programs that provide loans, grants and interest rate subsidies to families; and, (6) community-based and self-help activities designed to create a partnership and promote housing opportunity among residents, suppliers, and cities.
- The Housing and Community Development Act of 1977 is omnibus legislation which made a number of significant changes in such areas as national urban policy, community development, and community reinvestment.
- The Civil Rights Act of 1968 prohibits discriminatory policies and practices.

- Major subsidized housing programs are the Section 235 home ownership program, Section 8 housing assistance, and public housing. These subsidized housing programs aid only a fraction of low-income families.

- Under the Emergency Home Purchase Assistance Act of 1974 and the Emergency Housing Act of 1975, the Government National Mortgage Association was authorized to purchase conventional mortgages and to increase its purchases of government-insured (FHA and VA) mortgages. During a tight credit market this legislation tends to promote home ownership for low- and moderate-income families.

SUMMARY OF STATE RECOMMENDATIONS: HOUSING

A total of 24 states made recommendations addressing the problems facing American families in the area of housing.

Access and Availability

Twenty states proposed steps to improve the availability of housing for Americans and called this a priority issue for government at national, state and local levels.

Federal Policy

Eleven states recommended a review of federal involvement in housing; development of a national housing policy; setting goals for increasing the housing supply for all Americans; and housing policies to strenthen American families.

Implementation and Strategies

Ten states recommended activity at the community level; contact with federal state and local officials; and public awareness efforts.

Housing Discrimination

Eight states urged an end to discrimination against families with children, racial minorities, older Americans, and large families.

Home Ownership

Eight states recommended increased government support of policies and programs encouraging home ownership.

Rehabilitation and Restoration

Eight states encouraged individual, community and government efforts to rehabilitate existing housing units.

Mortgage Loans/Interest Rates

Seven states called for government initiatives, including low interest mortgage money availability and tax incentives, to bring more housing within reach of American families.

Housing and Inflation

Six states called for general cost controls through federal initiatives, including a balanced federal budget, control of interest rates, general cost controls, and tax relief.

Housing Subsidies

Seven states proposed expanded federal housing subsidy policies more responsive to community needs and more effectively carried out, and expansion of housing subsidies at state and local levels.

Other Issues

Additional housing topics receiving attention include: Community Impact/Neighborhood Needs; Standards and Codes; Legal, Legislative and Congressional Action; Home Maintenance; Alternative Concepts in Housing; Displacement; Condo Conversion; Water and Sewage; and Single Family Dwellings.

Access and Availability

California proposed:

Federal government should develop tax incentivites, low interest rates and loan guarantees for the development of low-cost housing for families of all ages.

Housing and other local authority boards with authority to approve rural housing and other housing incentive programs must be required to be reflective of the disabled, economic, ethnic and pluralistic nature of local families.

Kentucky proposed:

Federal, state and local government laws and regulations regarding housing should be flexible enough to enable local communities to develop housilng and improve existing housing to meet each particular communities family needs.

Eighteen other states made similar recommendations: Connecticut, Hawaii, Arkansas, Colorado, Delaware, Minnesota, New Hampshire, New York, the District of Columbia, Iowa, Maryland, North Dakota, Oklahoma, South Carolina, Vermont, Washington, West Virginia and Wyoming.

Implementation and Strategies

Connecticut proposed:

Rigorously simplify and consolidate all federal housing and housing financial programs.

Delaware proposed:

Local citizens should get involved in their local neighborhoods, community government bodies and civic organizations to give input and support for adoption of above programs.

Seven other states made similar recommendations: Arkansas, Hawaii, Maryland, South Carolina, West Virginia, New York, South Carolina, and Oklahoma.

Federal Policy

North Dakota proposed:

Public policy should address the issue of lack of housing, poor care of rental units, lack of low and moderate income housilng, and discrimination against children by landlords.

Nine other states made similar recommendations: California, Connecticut, Delaware, Hawaii, Minnesota, New Hampshire, New York, North Carolina, and South Carolina.

Arkansas asked:

What can be done to eliminate excessive government regualtions of housing industry and to utilize strengths of American free enterprise system?

Housing Discrimination

New Hampshire proposed:

Abolish discrimination against families with children in all types of housing.

New York proposed:

Practices which restrict the supply of housing or fair access to housing, such as "red-linging," restrictive zoning, discrimination against minorities, single persons, handicapped persons, families with children and other groups, should be prohibited by all federal housing and financing programs.

Six other states made similar recommendations: California, Connecticut, Delaware, the Distric of Columbia, Illinois, and West Virginia.

Home Ownership

California proposed:

Federal government should adjust its interest rate policies to maximize available funds for owner-occupied housing for families.

New Hampshire proposed:

How can we make the opportunity to purchase homes more available to a broader spectrum of people, i.e. low income, moderate income, minority, handicapped, elderly and newly married?

Six other states made similar recommendations: New Hampshire, Arkansas, Colorado, Delaware, New York and North Dakota.

Mortgage Loans/Interest Rates

Arkansas proposed:

Tax incentive for lower interest rate to financial institutions.

Low interest money should be made available for home loans.

Provide federal guaranteed home loans at low interest.

Reduce and stabilize interest rates for home mortgages.

Increase eligibility for federal guarantee loans, especially to middle and lower income families.

South Carolina proposed:
Provide low-interest loans for low and moderate income families.

Five other states made similar recommendations: California, Colorado, Connecticut, New York and South Dakota.

Rehabilitation and Restoration

California proposed:
Government at all levels should develop as one of its highest priorities, programs, laws and incentives to ensure that housing in barrios, ghettos, Indian reservations and other low-income areas is up-graded to a minimum national acceptable standard.

Connecticut proposed:
Directly encourage rehabilitation and weatherization of existing housing units by individuals and community-based groups.

Six other states made similar recommendations: New York, Delaware, Maryland, Minnesota, New Hampshire and South Carolina.

Housing and Inflation

Colorado proposed:
It should be the policy of the government to encourage family housing by controlling interest rates and providing tax relief.

Lobby Congress to balance the budget and provide appropriate incentive to develop the housing market.

Four other states made similar recommendations: Arkansas, North Dakota, South Carolina and Wyoming.

Housing Subsidies

Arkansas proposed:
HUD subsidy should be better implemented and utilized.

Rent subsidies should be more evenly distributed to those in need from existing funds.

Low income housing subsidy should be made at state and local level.

North Carolina proposed:

It should be the policy of the federal government to expand housing subsidy programs and private sector incentives for the provision of more moderately priced, energy-efficient housing for renting and buying.

Increase funding, through legislation, for subsidized housing loans and incentives to the private sector for building family housing.

Four other state made similar recommendations: Colorado, Connecticut, Delaware, New York and Oklahoma.

OTHER ISSUES

Sample Recommendations

Community Impact/Neighborhood Needs

Connecticut proposed:

Federal agencies should avoid promulgation of uniform national standards and should consider local and regional characteristics when preparing environmental and other regulations. They should consider the placement of subsidized housing in the light of the availability of community amenities.

Standards and Codes

Arkansas proposed:

Some areas do not have water or sewage. Every city should make this available and develop appropriate codes for builders.

Legal, Legislative and Congressional Action

Connecticut proposed:

Congress should: Amend the Fair Housing Act to permit and require its rigorous enforcement; issue regulations in plain language which establish minimum legal standards under the Fair Housing Act.

Home Maintenance

Delaware proposed:

It should be the policy of the federal government that housing subsidies will include provisions for counseling and home maintenance training.

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
Access and Availability	20	AR, CA, CO, CT, DE, DC, HI, IA, KS, MD, MN, NH, NY, ND, OK, SC, UT, WA, WV, WY
Implementation and Strategies	10	AR, CT, DE, HI, MD, NY, NC, OK, SC, WV
Statements of Values, Goals and Issues	11	AR, CA, CT, DE, HI, MN, NH, NY, NC, ND, SC
Housing Discrimination	8	CA, CT, DE, DC, IL, NY, NY, WV
Mortgage Loans/Interest Rate	7	AK, CA, CO, CT, NY, ND, SC
Home Ownership	8	AR, CA, CO, DE, NH, NY, ND, OK
Rehabilitation and Restoration	8	CA, CT, DE, MD, MN, NH, NY, SC
Housing and Inflation	6	AR, CO, ND, SC, VA, WY
Housing Subsidies	7	AR, CO, CT, DE, NY, NC, OK
Community Impact/Neighborhood Needs	4	CT, DC, NY, WY
Standards and Codes	6	AR, CA, CT, DE, GUAM, SC

Legal, Legislatural Congressional Action		AR, CT, DC, HI, NC
Home Maintenance	4	CT, DE, OK, SC
Alternative Concepts in Housing	3	DE, NC, WV
Displacement	3	DE, DC, GUAM
Condo Conveying	2	DE, DC
Water and Sewage	3	AR, CT, NY
Single Family Dwelling	2	NY, ND

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FAMILIES AND HUMAN NEEDS

Issue Brief: Child Care

I. INTRODUCTION

When the United States was an agricultural society, the care of young children was entrusted primarily to the women of the family. At that time, a woman's role was clearly defined and generally restricted to the home. With the advent of industrialization, women's suffrage, and the urbanization of society, more women have entered the labor force and are beginning to reach occupational parity with men in terms of numbers. The increase of women with young children entering the labor force has had a significant impact on every facet of American family life. Among the many needs generated by these changes, the availability of quality child care services is perhaps the most urgent.

The prominence which child care has received in White House Conference on Families' state reports and state and local hearings reflect growing national usage and acceptance of child care. In 1970, child care emerged as a major concern of the White House Conference on Children and Youth. However, much debate centered on whether child care arrangements should be made, especially for young children. In the intervening decade, although groups still object to child care for young children, most of the debate has shifted to concerns about how child care opportunities are both made available and used.

Witnesses at the WHCF national hearings expressed a strong need for quality day care at a reasonable cost. The issue of alternatives and the freedom to choose among them emerged as an important concern. Parents want to be able to make a choice of child care, based on what is right for their children, whether it be provided by an aunt in the home, a friend in the neighborhood, a community center, or a government-supported facility. That concern may be reflected by the fact that nearly two-thirds of all preschool children receive day care in their own homes, by family members.

During the development stages of the White House Conference on Families, major concerns were voiced about the quality, availability, and costs of child care and the resources needed. These led to such questions as:

- What are the dimensions of the need for child care?
- What is the effect on children of child care, especially the very young?
- How can we enhance family choice in child care?
- Where should child care be available? In the home? Neighborhood? Workplace?
- How do parents now locate good child care? What enhances parental choices involvement?
- How do costs inhibit authentic free exercise of choice in selecting arrangements?
- Should government and/or the private sector subsidize child care for low-income families?
- What types of resources are needed, who should commit these resources, and how should they be committed?

Child care is a generic term encompassing a variety of day care and developmental programs for very young children. It includes care by family members or other relatives (nearly two-thirds of all preschool children); by sitters or housekeepers in the home (15 percent); by sitter or day care home operators (15 percent); and by group care in homes or day care centers (5.5 percent).

In a 1978 report to the Congress, Arabella Martinez, Assistant Secretary for Human Development Services, pointed out that there are 46 million children in the United States under 14 years of age. Of this number, 18 million children are under 6 years and about 900,000 are enrolled in 18,300 licensed day care centers, 25 percent of which are federally subsided. 1/

In 1977, there were 6.4 million preschool children in families with working mothers; projections indicate this number will increase by at least 50 percent over the next decade.

During the past several years, the number of working mothers with preschool children has shown a steady increase. This influx is expected to continue creating a greater demand for child care.

It is important to note that most young children of working mothers are in family day care or in-home care. The reasons given for preferring in-home care are the parents' feeling that the child is safer with family members or friends, and home care is less expensive and more accessible. Some observers believe that, in family care situations, the child is more likely to spend the day watching television than exposed to a learning environment.

The lack of affordable quality day care centers is an overwhelming concern expressed by families in a number of surveys, and frequently voiced at the WHCF national hearings.

One member of the WHCF National Advisory Committee commented at a hearing in Seattle that "the need for affordable quality child care has been a primary focus" at three of the seven hearings he had attended. At the same hearing, a witness pleaded "for more day care subsidies for the poor, more tax credits to parents for day care costs, more tax incentives to encourage business support of child care for employees, and greater training and pay for those who care for children." Further indication of public concern for quality day care was reported in a National Education Association survey. The survey found that 51 percent of all parents surveyed and 59 percent of minority parents surveyed were skeptical of the quality of care in day care centers. 2/

When asked the most common reasons for making child care arrangements, parents in the National Child Care Consumer Survey responded, "So I can go out" (presumably reflecting the more informal child care arrangement used to support parental involvement in weekly shopping and social activities, as well as civic and religious commitments); and "So that I can work or look for work." These needs to make child care arrangements are likely to persist and, in some cases, increase the demand for child care opportunities over the coming decades.

In the last two decades, anxiety about the impact of child care on the child focused on more formalized outside arrangements, which included most family day care providers (who care for other people's children in their own homes), nursery schools, Head Start, and day care centers.

The impact of day care centers on children has been the focus of considerable research. Recent reviews of carefully designed studies support the following conclusion: The use of high-quality day care does not alter the paramount influence of the family and home environment on children except in situations where the extreme family stress of poverty, oppressive living conditions, malnutrition, or child abuse has limited or interferred with what might have been the child's normal development. In these situations, the provision of carefully designed, formalized day care programs aids the child's development, particularly when parents are deeply involved.

Research findings from the National Day Care Study, which focused on staffing features in quality and day care, show that children benefit from being cared for in small groups (the smaller the group size, the more significant the benefits to children) and by trained staff. Very few studies of long-term gains associated with day care centers per se have been conducted. 3/ However, studies published in The Lasting Effects of Preschool Services document that the likelihood of special education placement and school failure (in-grade retention) is significantly reduced for children who have participated in Head Start-type preschool services. Other evaluations demonstrate that Head Start's emphasis on health and nutritional services produces clear benefits to the children involved in this program. 4/

Harmful effects have been observed in a small percentage of day care centers where group size exceeds twenty for 3- to 5-year-olds, and in centers caring for children under 3 years old where more than four children are cared for by one adult. Harm can occur in centers, especially where the very young children are involved, if unsanitary or unsafe conditions prevail. At present, however, the majority of day care centers provide good child care, and a large segment of parents choose good day care centers.

To date, little research about other types of arrangements has been conducted. But, generally, quality in day care and subsequent benefits to children can be achieved by training personnel; reducing group size, controlling the number of children cared for by one person, and encouraging the coordination of quality health and nutritional services to children.

Knowledgeable parent choice in selecting child care, and parent involvement in daily aspects of the child's care can enhance quality. The prominence which professional and public literature has given to concerns about a potential "takeover" of parents' rights and responsibilities by formalized child care services speaks to deep-seated convictions about parents' rights regarding child care. No policy proposals to increase child care opportunities will succeed unless they build from the assumption that parents prefer a diverse variety of arrangements which support their choice in making child care arrangements which protect their rights.

Parental rights can include:

- The right to observe the faculty and talk with personnel before selecting a facility;
- The rights to access to the facility to observe their children;
- The right to a regular exchange of information on their children and meetings with personnel;
- The right to be informed about standards of quality which the child care faculty has pledged to meet; and
- The right to review formal evaluations of the program.

In centers, parental rights in program policymaking are minimal. With assurances of parental rights, parents can retain -- and are encouraged to retain -- their central roles as informed decision-makers and monitors of experiences that affect their children's lives.

One of the more controversial and overriding concerns is what the Federal role should be in ensuring all families an opportunity to participate in quality child care programs. Some feel the Federal government should not be involved, while others believe that it is the responsibility of the government to establish a nationwide program for all children with working mothers and for all low-income families.

II. BACKGROUND ON MAJOR ISSUES

Availability of Quality Child Care

Availability of child care opportunities are influenced by parental familiarity with available choices, locations, and costs. Studies show the primary benefits parents seek in selecting center-based care are related to education.

Although most child care arrangements are located close to the child's home -- within 10 minutes' travel time -- about one-fourth of the parents relying on relatives or nursery schools and almost two-fifths of the parents using day care centers, travel up to 20 minutes to transport their children.

There are 18,300 licensed day care centers in 50 states and the District of Columbia. Sixty-three percent of the children enrolled are white, 28 percent are black, and 9 percent come from other minority groups.

Surveys show that in 1979 more than 387,500 children of low-income families were enrolled in Head Start, which served only 20 percent of all eligible children, leaving approximately one million children of low-income families not served.

In 1976, under Title XX of the Social Security Act, of all the children annually served (1 million), two-thirds may be children eligible for welfare benefits.

Estimates indicate more than 2 million children care for themselves after school and as many as 18,000 preschoolers may be taking care of themselves.

The quality of child care services can vary with respect to the economic status of the community, whether it is profit or nonprofit, and the type and placement of the program. Most studies suggest a real need to have more quality standards developed to nationally assess the degree to which minimal standards are adhered to. Even among licensed child care programs, quality assurance appears to be lacking.

While a variety of recommendations have been discussed for improving child care, the following proposals are frequently voiced:

- Families ought to be central to the program for ideal impact on a child's development;
- Day care centers should be designed in close proximity to parents' place of employment, or home;
- Uniform performance standards should be created;
- Uniform licensing standards, which define minimum standards of quality, should be established;
- Eligibility should be broadened to encourage more participation of moderately low-income families in day care centers; and,
- Staff training should be required and ongoing.

Costs of Child Care

In 1977, the Federal government spent $2.5 billion to support child care. This included tax credits for care in the child's home, Head Start and Title II, welfare payments, and various support services provided by Federal agencies.

Day care centers have a combined dollar expenditure of $1.3 billion per year. This amounts to about $70,300 in annual budget per day care center. Although not all day care centers receive Federal funding, about 29 percent of the revenue for operating centers is Federal, supporting 25 percent of all children enrolled in day care centers.

Of those families enrolling children in 18,300 day care centers, 72 percent have incomes of $15,000 or less. Day care for this group may consume 10 percent or more of the family budget, posing significant barriers to child care arrangements.

In 1976, the average per-child expenditure in centers was $1,630. (The wages required by law to a full-time housekeeper were about three times that amount.)

Generally, subsidized programs such as Head Start and programs supported by Title XX funds are more available to low-income families because of eligibility requirements. However, income eligibility requirements prohibit some children of moderately low-income families from program enrollment.

The costs of operating day care centers is affected by the number of staff hired, their wages, and the number of children. Most family day care providers are self-employed, care for about 3.5 children each, and earn an average weekly income of about $70 -- approximately $20 a week per child.

Current Policies and Programs

Project Head Start represents one of the early Federal efforts to broaden day care to include services such as health care, nutrition, education, and social services in a comprehensive manner to low-income children.

Title XX of the Social Security Act provides Federal support for children of low- and moderate-income families in day care centers and family-based arrangements. It is the largest program of direct support for child care services.

Title I of the Elementary and Secondary Education Act provides support for compensatory preschool for disadvantaged children living in or near poverty areas.

The Work Incentive (WIN) program is a training and job-placement program for welfare recipients. States are required to provide child care services to children of families in the program.

Recipients of Aid to Families with Dependent Children (AFDC) are eligible for subsidized day care services. In 1977, about 145,000 were provided day care service through AFDC.

The Child Care Food Service Program is administered by the Department of Agriculture and provides funds and food commodities to child care centers and institutions. In 1977, about 580,000 children were served by this program.

Child Care Tax Credits are available for work-related child care expenses. It is primarily of use to middle and upper-income families.

SUMMARY OF RECOMMENDATIONS: CHILD CARE

- Thirty-five states addressed child care in their recommendations.
- Thirty-one made recommendations which focused on strategies to increase local availability of a variety of affordable child care services, including public and private sponsorship of child care opportunities and support for mothers who stay at home.
- Twenty-one states recommend that employers and unions assist employees with child care.
- Sixteen states recommend adjustments to tax laws to encourage employeer sponsored child care and to assist working parents with child care expenses.
- Thirteen states addressed the licensing and regulation of child care services.
- Eleven States made general statements about child care, including strategies to increase public awareness of the need for and benefit of child care.
- Five states focused on the role of parents in their children's child care programs.
- Four states urged the development of increased training opportunities for child care personnel.
- Three states proposed that the federal government not be involved in the child care services.

Availability of Child Care

California proposed:

> It should be the policy of government at all levels to promote the development of alternative forms of care, both center and home-based, to meet the diversity of child care needs required by American families, including migrant care, infant care, after school care, high school day care centers for teenage parents, and pre-school care for underserved areas.

Other states proposing similar or related recommendations include Alaska, Connecticut, Colorado, Georgia, Illinois, Kentucky, Montana, New York, North Carolina, Tennessee, Washington, West Virginia, and Wyoming.

Illinois proposed:

> Policies on child care must show variety that respects and accommodates differences in age, need, and cultural values.

Similar recommendations were also proposed by California, and New York.

Kentucky proposed:

> We should establish innovative community-based programs utilizing existing facilities such as industry, schools, private centers, recreation centers, libraries, churches, etc. and employing senior citizens and older teenagers.

Similar recommendations were proposed by Arkansas, Connecticut, Delaware, Hawaii, Kentucky, Maine, Nebraska, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Virginia and Wyoming.

Several states mentioned the need for child care without specifying how such services are to be provided. These states include Maryland, Nevada, Oklahoma, West Virginia (for working families) and the District of Columbia.

Colorado proposed:

> Provide day care services for all low-income families.

Other states concerned about day care funding for low-income families include Alaska, Arkansas, California, Connecticut, Georgia, Hawaii, Illinois, and Montana.

Connecticut proposed:

> The provision of day care services should be related to need, and its cost adjusted to the family's income and size, regardless of the source of that income; work or welfare.

Other states that proposed similar recommendations include Illinois, Montana and West Virginia.

North Dakota proposed:

> Women who chose to stay home to raise children should receive a monetary reward not to go into the work force.

Recommendations dealing with similar concerns were proposed by Arkansas, Iowa, North Dakota, Oklahoma, Tennessee, West Virginia (to enable single parents to stay at home) and Vermont.

West Virginia proposed:

> Encourage utilization of local facilities, e.g., churches and businesses, for child care facilities.

Other states concerned with the utilization of facilities for child care are: Connecticut, Georgia, Hawaii, New York, Vermont, and West Virginia. Three states (Illinois, Nebraska, and New York) expressed specific concern about the impact of zoning laws on the supply of child care services.

Arkansas proposed:

> We should encourage businesses, private individuals and volunteer organizations to set up child care centers.

Other states concerned with the need for business and or other groups to assist in increasing the supply of child care services include Texas, Illinois, Minnesota, and Vermont.

Employers and Child Care *

Kentucky proposed:

> Employers should be encouraged to provide "on-site" child development centers for their employees.

States with recommendations to provide "on-site" child care include Colorado, Georgia, Iowa, Kansas, North Dakota, Oregon, South Dakota, Vermont, Wisconsin, Alaska, Arkansas, Maine and Nevada.

Texas proposed:

The federal government through its funding programs should encourage private industry to develop child care resources.

Other states proposing incentives include California, Kentucky, Illinois, Montana, Utah, Texas and Virginia.

Two states, Arkansas and Illinois, proposed that employers share in the cost of child care services.

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* See work policies section for recommendations on employer work policies. (Flextime, part time, job sharing, leave policies).

Unions and Child Care

Connecticut proposed:

Unions should be encouraged to negotiage for child care assistance as a benefit in collective bargaining.

Other states making similar recommendations include Arkansas, Delaware, Kentucky, and New York.

Taxes and Child Care

California proposed:

Explore and revise tax incentives and deductions to:

a) Help families secure affordable (child care) services

Other states with similar concerns include Alaska, Arkansas, Colorado, Delaware, Nebraska, New York, Washington, and West Virginia.

Illinois proposed:

Give tax incentives to businesses who offer day care services to their employees.

Other states proposing similar recommendations include, Arkansas, Connecticut, California, Colorado, Hawaii, Maine, Nebraska, New York, Kentucky, Oklahoma, Washington, and West Virginia.

Other Issues

Other recommendations related to child care deal with regulations, and licensing, the role of parents, the need for public awareness, need for training and the role of the federal government in the provision of services.

Among the thirteen states that proposed recommendations on regulations, there was a wide range of opinions ranging from the need for higher or additional standards, the need to rescind or amend the federal day care regulations. Several states supported the policy that programs receiving federal funds should meet federal standards and others emphasized that day care centers should be licensed by the states.

Parent participation was proposed in decision-making, choice of services in evaluation of programs and in general.

Four states emphasized the importance of training for child care workers.

Several states expressed support for a national policy for child care and several others proposed extensive use of the media to provide information about child care.

Several states, while acknowledging the need for child care services, opposed the federal government providing such services (Arkansas - supports services for low income families; Oklahoma, Nebraska).

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
Availability of Services	31	AK, AR, CA, CO, CT, DE, DC, GA, HI, IL, IA, KY, ME, MD, MN, MT, NB, NV, NY, NC, ND, OK, RI, SD, TN, TX, VT, VA, WA, WV, WY
Employer/Labor Support	21	AK, AR, CA, CO, CT, DE, GA, IL, IA, KS, KY, MT, NY, ND, OR, SD, TX, UT, VT, VA, WI
Tax Supports	16	AK, AR, CA, CO, CT, DE, HI, IL, KY, ME, NB, NY, OK, VA, WA, WV
Licensing, Regulations	13	AK, AR, CT, IL, KY, MT, NB, NY, RI, TX, VA, WA, WV
Parent Participation	5	AR, CA, IA, IL, MT
Training	4	AK, KY, IL, WA
General Statements, including Role of Federal Government, Public, Awareness, National Policy	11	AK, AR, CA, CO, CT, HI, KY, NB, NY, WV, WY

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White House Conference on FAMILIES

FAMILIES AND HUMAN NEEDS

Issue Brief: Families With Handicapping Conditions

I. INTRODUCTION

The American family copes each day with a bewildering array of social, economic, and technological challenges---an unending series of stresses that inevitably affect the ways that families live, think, act, and work. Even such ordinary routines as getting ready for school, going to work, preparing meals, and visiting the doctor often create tensions and generate ill-feeling. But the threats to stability are immeasurably increased for families with handicapped members; they face challenges of a different order, challenges that require extraordinary resources of patience, compassion, and adaptability---and, frequently, outside assistance.

The handicapped and their families spoke out at the White House Conference on Families national hearings and state meetings to confirm that many of their needs are not being met. The strengths they evidence are overlooked. Many of these people seemed to be saying: Yes, we are different---but we are also the same as you.

This issue brief attempts to provide some information on handicapping conditions that will be useful to WHCF delegates in responding to the needs of these individuals and their families. It will discuss, among other questions:

- What support systems exist or need to be created to minimize the social and economic burdens faced by families with disabled members?
- What policies exist or need to be created to further sustain and reinforce the gains made by handicapped children who are increasingly being integrated into educational institutions with the nonhandicapped?

- What policies exist or need to be created to encourage deinstitutionalization and the further development of family-centered environments for the handicapped?
- What steps should be taken to further reinforce civil rights laws that mandate the elimination of discriminatory practices against the handicapped in employment, education, transportation, etc.?
- What are the particular challenges facing families with a handicapped member?

II. BACKGROUND ON MAJOR ISSUES

An estimated 45 to 47 million individuals in America have handicaps that affect their individual growth, development, and quality of life. Of these, some 7 million are children.

There are so many types of impairments, and so many people who have more than one that putting a precise size to the problem is difficult. The following estimates are taken from a recent federal survey and analysis: blind and visually impaired: 11 million persons; deaf and hearing-impaired: 16 million; speech impaired: 2 million; paralysis: 2 million; orthopedic handicap-upper extremities: 3 million; orthopedic handicap-lower extremities: 7 million; and absence of major extremities: 400,000.

More than 10 million severely handicapped individuals are currently dependent on others for assistance and care. The Urban Institute estimates that by 1984 there will be more than 38.6 million disabled individuals, 13 million of them with severe handicaps.

It is virtually impossible to arrive at a consensus estimate of mental illness because no two studies seem to agree on either its definition or how to describe its severity. However, most agree that it is the most prevalent type of disabling illness and probably afflicts 20 million people.

Some studies estimate the mentally retarded at 6 million. In 1976, the President's Committee on Mental Retardation estimated that 89 percent of these suffer mild disability, 6 percent have moderate disabilities, 3.5 percent are severely retarded, and 1.5 percent profoundly retarded.

Probably one in 40 children is born with a serious handicap. More than 9 million disabled children need special services, and about 2 million of these are pre-schoolers. And, despite Federal laws intended to help them, less than half of all handicapped children receive a proper education.

A handicap is defined as any of the following and may be temporary, chronic, or permanent:

- Motor disfunctions of the nervous system, crippling conditions, loss of limbs, and developmental impairments;
- Lessened ability to learn resulting from mental retardation, learning disabilities, or organic behavior problems;
- Heart and respiratory conditions; and,
- Sensory impairments---visual, speech, hearing---and emotional disturbances.

Fortunately, the basic vocabulary of disability is simple. Its three basic terms are: impairment; functional limitation; and disability.

"Impairment" refers to any condition of the individual which is considered to be abnormal or pathological. Medical terms dominate, but many words are part of everyday vocabulary (blind, deaf).

"Functional limitation" refers to any restriction on performance which results from underlying impairments. Mobility, for instance, may be restricted by several types of underlying impairments such as paralysis, amputation, or mental illness. An estimated 29 million people suffer some degree of functional limitation.

Both impairment and functional limitation refer to something within the individual. Disability, however, is a relational definition which requires information about both the individual and his or her environment. A person who is unable to perform an expected role is said to be disabled. For example, compare two professional women who have lost their left index finger, one an attorney, the other a concert pianist. The attorney is not disabled by the limitations imposed by her impairment because an index finger is not essential to being an attorney. The concert pianist, however, is disabled because she can no longer perform at an acceptable level of quality.

Nearly all the statistics on the disabled focus on individuals rather than families. But whatever the number, so many people pass through periods of physical or emotional disability that it is reasonable to assume that most persons experience it in their families at some point.

Only in this century have people begun to realize the great majority of handicapped children and adults possess the same potential for growth and capacity for learning as the non-handicapped.

And, it was only in about 1950 that traditional attitudes towards the handicapped began to change and some new words---"deinstitutionalization" and "mainstreaming"---entered the language. Deinstitutionalization means removing the handicapped, usually adults, from public institutions and assisting them to function in more normal community environments, such as half-way houses. Mainstreaming, usually applied to education, means integrating handicapped children into classes and activities with the nonhandicapped.

To some extent, home-care programs and community services are beginning to replace institutionalization for handicapped children as well. Most often, institutionalized care is considered only in instances when a handicap is so severe the family or foster families cannot provide the specialized care required.

However, public attitudes toward handicapping conditions, and handicapped people are still too often negative and discriminatory, depending, unfortunately, on the type of handicap, racial background, and previous experience with handicapped individuals:

- Estimates suggest that more than 50 percent of this nation's population have positive feelings toward the handicapped; others are negative and hostile;
- Many people are uncomfortable around the handicapped and don't know how to behave; and,
- Mental handicaps are still the most frightening to many, despite gains in public education and awareness.

The discrimination faced by handicapped individuals in education, employment, housing, and transportation is similar to the discrimination faced by racial and ethnic minorities. Handicapped individuals who are members of minority groups suffer a double burden.

In the case of handicapped youth, their attitudes, self-image, and motivation, and those of the parents are crucial to the individual's development, fulfillment and psychological adjustment. In general, handicapped children do not develop at the same rate as the nonhandicapped. This means that parents must have an understanding and knowledge of normal developmental stages as well as of the child's physical or intellectual limitations.

Parents with handicapped individuals experience unique stresses. They may feel guilt, anger, or frustration because of the handicap itself and also because of the difficulties of locating community services and care. There are many contributing causes---cost of special equipment not covered by insurance; lack of qualified babysitters; and the need for special transportation to school and community activities are examples. Thus, if community services are not available, it becomes the family's additional responsibilities to find alternatives.

To a great extent, community services such as respite care, housing alternatives, homemaker services, special transportation, and visiting nurse services can be made available to families with handicapped members. For example, programs of early and periodic screening, diagnostic and treatment provide comprehensive services to nonhandicapped and potentially handicapped children.

Some of the factors that affect use of services such as these are their availability, accessibility, cost, location, specific requirements; and, the type of handicap and age of the individual.

In the area of education, the Education for All Handicapped Children Act, Public Law 94-142, is the most comprehensive statute ever adopted for serving handicapped children. The Act protects the rights of handicapped children and their families; it mandates involvement of parents in the development of their child's instructional program; it encourages a new level of teacher-parent communication; and, it ensures parents due process procedures within their local school system and through the courts. Further, it "assures that all handicapped children have available to them a free appropriate public education designed to meet their needs." 1/ This law reinforces Section 504 of the Rehabilitation Act of 1973 which provided that "no qualified handicapped individual...shall be excluded from...any program or activity receiving Federal funding." 2/

There are four Federal programs currently providing financial support or tax relief for families with handicapped children: Aid to Families with Dependent Children; Supplemental Security Income; Social Security Insurance; and, the Income Exemption for The Blind.

Nonetheless, major impediments exist to handicapped persons realizing the full potential of their lives. For example:

- Structural and architectural barriers to the physically handicapped are still frequently encountered, in spite of statutes mandating their removal.
- No comprehensive national public transportation policy exists to provide access for the physically handicapped.
- About 47.8 percent of the handicapped population are employed. A Department of Transportation study indicates that 67 percent of the handicapped who are unemployed would seek jobs if low-cost transportation were available.

III. CURRENT POLICIES AND PROGRAMS

- The Education for All Handicapped Children Act "assures that all handicapped children have available to them a free, appropriate public education designed to meet their needs". 3/ The law reinforces Section 504 of the Rehabilitation Act of 1973 which provides that "no qualified handicapped individual...shall be excluded from...any program or activity receiving Federal funds". 4/
- The Education for All Handicapped Children Act provides support for preschool programs.
- Section 504 of the Rehabilitation Act of 1973 provides financial support for the removal of architectural barriers to the handicapped.
- Early and Periodic screening, Diagnostic and Treatment Prgrams (EPSDT) provide comprehensive services to non-handicapped and potentially handicapped children.
- Basically there are four Federal programs which provide financial support for families with handicapped children: Aid to Families with Dependent Children, Income Tax Exemption for the Blind, Supplemental Security Income, Social Security.

IV. POSSIBLE DIRECTIONS FOR FUTURE ACTION

Four common needs of parents of handicapped children were reported in one recent study:

- Self-help groups of other parents with handicapped children and professionals to provide for support and understanding;
- Child-care information related to the specific handicap, and identification of community resources;
- Assistance with the parents' own emotional adjustment to the handicap; and,
- Support of the relationships between husband and wife, with friends and relatives.

There are many ways in which these needs could be met but most often these require legislators, agencies, and programs to direct their efforts to the entire family unit, not just to the individual who is disabled or who is suffering from a serious illness.

The suggestions for action are broad: There is a growing demand for deinstitutionalization of the handicapped in order to provide them with a more normal environment, to help them maintain closer ties with their families, and, to become active participants in family life. However, Federal and state financial assistance to the families of the handicapped, particularly handicapped children, often encourages institutionalization by allowing greater financial support for custodial care rather than home care.

- Programs such as deinstitutionalization, local social service agencies, group home funds, and family assistance could be funded and enforced in order to maximize their beneficial effects to the handicapped, their families, and the community.
- To minimize institutionalization, assistance should be provided to families struggling with psychological or social problems because of a handicapped member.
- State and Federal programs and policies relating to the handicapped and their families could be better coordinated. For example, Federal, state and local actions regulating construction should uniformly ensure...and implement...the provision of access for the handicapped.
- The rehabilitation system could involve disabled persons and their families more directly in decision-making regarding care, treatment, and long-range rehabilitation planning.
- Special efforts may be needed to promote equal employment opportunities for disabled persons.
- Local initiatives to develop new models of service and to strengthen existing services could be encouraged.
- Financial incentives could be directed to families rather than to institutions to care for the handicapped of all ages.

Finally, studies show that increased information about the handicapped positively influences public attitudes and behaviors toward the handicapped. Thus, the public could receive additional education regarding the needs and special problems of handicapped people and their families.

SUMMARY OF STATE RECOMMENDATIONS: FAMILIES WITH HANDICAPPED MEMBER

A total of twenty-one states and one territory made recommendations addressing the problems facing handicapped Americans.

Funding and Coordinating Programs

- Sixteen states recommended funding and coordinating programs with emphasis on non institutional care, family assistance, advocacy.

Public Education

- Ten states expressed the need to educate the public, both about the needs of the handicapped and the availability of services.

Strengthening Families

- Eleven states looked for ways to strengthen families with a handicapped member.

Respite Care

- Six states proposed various dimensions of improved respite services.

Enforce And Strengthen Laws, Such As Building Code Access, For Ease Of Use By Handicapped

- Six states called for improved regulations to minimize physical barriers for the handicapped.

Combining Improved Institutions With Community Based Approach.

- Five states proposed ways to support institutions and programs with community involvement.

Increased Funding of Insurance Courage for Services, Home and Community Help.

- Five states proposed directions in this program area.

Improve Employment Opportunities and Job Training

- Five states proposed new and improved programs for educating and training the handicapped.

Revised Transportation Systems

- Four states proposed improved transportation systems to expand access to services for the handicapped.

Financial Assistance for Families of Handicapped and For Foster Care

- Four states called for expansion and improvement of financial assistance for families with handicapped members.

Various Recommendations on Adoption, Counselling, Day Care, Needs Assessment.

- Five states proposed directions in this general category.

Funding and Coordinating Programs

Missouri proposed:

"It should be the public policy that families with handicapped or otherwise special members receive special support services as needed to help maintain family stability.

Program Recommendations: Support services be designed and implemented for families with handicapped or otherwise handicapped members, including training programs and self-help groups for parents and family members; improvement and expansion of special education and vocational training programs; early childhood special education programs; after-school care, short-term care, and emergency care programs; special living arrangements for 17-20 year olds who cannot live at home with special emphasis on non-institutionalization where appropriate; and counseling services for all family members.

Strategy Recommendations: Conference delegates and Conference follow-up staff mobilize parent groups, citizen groups, community organizations including churches, schools, service clubs, and elected officials to identify gaps in services and resources and to make recommendations; develop community awareness and support to implementing recommendations through advocacy group formation; and help to assure continuity of services through funding from both the public and private sectors."

Illinois proposed:

"1. Legislation, agencies, and programs should direct their efforts to the entire family unit, not just to the individual who is disabled or who is suffering from a catastrophic illness.
2. The rehabilitation case management system should involve disabled persons and their families more directly in the decision making regarding their care, treatment, and long range rehabilitation planning.
3. Mandated programs should be funded to the extent which they are mandated.
4. Special efforts are needed to promote equal employment opportunities for disabled persons.
5. Local intiative should be encouraged in developing new models of service and strengthening existing services."

Thirteen other states made similar proposals in the funding and coordinating program area. They were: Maryland, Hawaii, Oklahoma, Arkansas, New Hampshire, North Dakota, Nebraska, Iowa, Alaska, South Dakota, District of Columbia, Kentucky, and North Carolina.

Public Education

Nebraska proposed:

"Utilize popular media to inform the public and help develop positive attitudes toward the handicapped and their families."

Maryland proposed:

"Educate the public to the needs and special problems of handicapped people and their families. Encourage active participation by community groups."

Oklahoma proposed:

"Establish local educational programs to increase level of knowledge of specific care needs of young, elderly and handicapped."

Seven other states made proposals in the public education area. They were: North Dakota, Arkansas, New Hampshire, Georgia, Alaska, New York and Kentucky.

Strengthening the Family

Arkansas proposed:

"Establish a community support system that is broad based, including external advocacy and that is adequately funded and staffed. Access to these community support systems should not be based on the financial status of the family or individual."

The District of Columbia proposed:

"Family members should be encouraged to maintain disabled or retarded family members at home where practical."

Eight other states made recommendations in this area: Illinois, New Hampshire North Dakota, Iowa, Rhode Island, Alaska, New York and Kentucky.

Respite Centers

New York proposed:

"1. Respite and transportation service represent the two largest gaps in service to New York families with special needs.
2. Government and voluntary service providers should offer respite and other services in the context of the whole family's needs.
3. Government and voluntary providers should adopt as a priority the use of both paid and volunteer staff from the populations serviced, especially elderly and disabled.
4. Respite services should be available to families with special needs without regard to income, funded through a new categorical service."

Five other states made similar recommendations: Arkansas, District of Columbia, Iowa, New York, North Dakota and South Dakota.

Combine Improved Institutions and Programs with Community-based Apporach

Nebraska proposed:

"Establish a community support system that is broad based, including external advocacy and this is adequately funded and staffed. Access to these community support systems should not be based on the financial status of the family or individual."

Four other states made similar recommendations: Arkansas, the District of Columbia, Ketucky and New Hampshire.

Work for Increased Funding "Insurance" Coverage for Services, Home and Community Help.

Arkansas proposed:

> "Advocate changes in public and private "insurance" methods to provide minimum levels of service to serve clients and families."

Four other states made similar recommendations: Illinois, Iowa, Kentucky, and Oklahoma.

Enforce and Strengthen Laws such as Building Code, Access Requirements, minimizing Physical Barriers.

Kentucky proposed:

> "A system of cash and tax incentives should be made available to encourage new construction and adaptation of existing public and private buildings to be free of architectural barriers."

Four other states made similar recommendations: the District of Columbia, Maryland, North Dakota, Oklahoma and Rhode Island.

Improve Employment and Job Training

Nebraska proposed:

> "Establish educational programs for handicapped people and their families: professional people working with the handicapped, i.e., doctors, nurses, lawyers, therapists, educators, etc.

Four other states made similar recommendations: Illinois, Kentucky, Oklahoma and South Dakota.

Revise Transportation System

New York proposed:

> "The federal and state governments shall develop a comprehensive plan for the provision of transportation that assures access to services, employment and other community activities to members of families with special needs."

Three other states made similar recommendations: the District of Columbia, Kentucky, and North Dakota.

Financial Assistance for Families of Handicapped, and for Foster Care

Arkansas proposed:

> "Redesign current reimbursements systems to provide for delivery of services in the least restrictive settings."

Three other states made similar recommendations: Iowa, Oklahoma and Rhode Island.

Various Recommendations on Adoption of Handicapped, Counselling, Day Care, Needs Assessment

Hawaii proposed:

> "Conduct needs assessment to determine nature and degree of service delivery to the handicapped and the State's effectivenees in coordination of planning and service delivery."

Four other states made similar recommendations: Arkansas, Kentucky, Nebraska, and North Dakota.

RECOMMENDATIONS	NUMBER OF STATES MAKING SIMILAR RECOMMENDATIONS	STATES
o Fund and coordinate programs for deinstitutionalization, family assistance, external advocacy, to maximize potential of handicapped.	16	AK, AR, DC, HI, IL, IA, KY, MD, MO, NB, NH, NY, NC, NC, OK, SD
o Educate public on handicapped needs and available services.	10	AK, AR, GA, KY, MD, NB, NH, NY, ND, OK
o Family responsibility and assistance	11	AK, AR, DC, GA, IL, IA, KY, NH, NY, ND, RI
o Respite centers	6	AK, DC, IA, NY, ND, SD
o Enforce and strengthen laws such as building code access requirements, minimizing barriers.	6	DC, KY, MD, ND, OK, RI
o Improve institutions and programs and combine with community-based approach.	5	AK, DC, KY, NB, NH
o Work for increased funding "insurance" coverage, for services, home help, community help.	5	AK, IL, IA, KY, OK
o Improve employment opportunities and job training.	5	IL, KY, NB, OK, SD
o Revise transportation systems	4	DC, KY, NY, ND
o Financial assistance for families of handicapped and for foster care.	4	AK, IA, OK, RI
o Various recommendations regarding adoption of handicapped, counselling, day care, needs assessment.	5	AK, KY, HI, NB, ND

FAMILIES AND HUMAN NEEDS

Issue Brief: Families With a Handicapped Member

FOOTNOTES

1. U.S. Congress, Public Law 94-142, Education for All Handicapped Children Act, Washington, D.C.: Government Printing Office, 1976.
2. U.S. Congress, Section 504 of the Rehabilitation Act of 1973, Washington, D.C.: Government Printing Office, 1973.
3. op. cit.
4. op. cit.

FAMILIES AND HUMAN NEEDS

Issue Brief: Families With a Handicapped Member

REFERENCES

R.M. Rice, American Family Policy: Content and Context, New York: Family Service Association of America, 1977.

U.S. Congress, Public Law 94-142, Education for All Handicapped Children Act, Washington, D.C.: Government Printing Office, 1976.

U.S. Congress, Section 504 of the Rehabilitation Act of 1973, Washington, D.C.: Government Printing Office, 1973.

White House Conference on Handicapped Individuals, Awareness Papers, Washington, D.C.: Department of Health, Education, and Welfare, 1977.

White House Conference on Families

THEMES

The National Advisory Committee on the White House Conference on Families adopted the following six themes as starting points or principles for discussion of issues.

Families: Foundation Of Society

- Family Strengths and Supports

  Families are the oldest, most fundamental human institution. Families serve as a source of strength and support for their members and our society.

- Diversity of Families

  American families are pluralistic in nature. Our discussion of issues will reflect an understanding and respect of cultural, ethnic and regional differences as well as differences in structure and lifestyles.

- The Changing Realities of Family Life

  American society is dynamic, constantly changing. The roles and structure of families and individual family members are growing, adapting and evolving in new and different ways.

- The Impact of Public and Private Institutional Policies on Families

  The policies of government and major private institutions have profound effects on families. Increase a sensitivity to the needs of families is required, as well as on-going action and research on the specific nature of the impact of public and private institutional policies.

- The Impact of Discrimination

  Many families are exposed to discrimination. This affects individual family members as well as the family unit as a whole.

- Families with Special Needs

  Certain families have special needs and these needs often produce unique strengths. The needs of families with handicapped members, single-parent families, elderly families and many other families with special needs will be addressed during the Conference.